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Debts, Threats, Distress and Hope: Towards Understanding Drug-Related Intimidation in Dublin's North East Inner City

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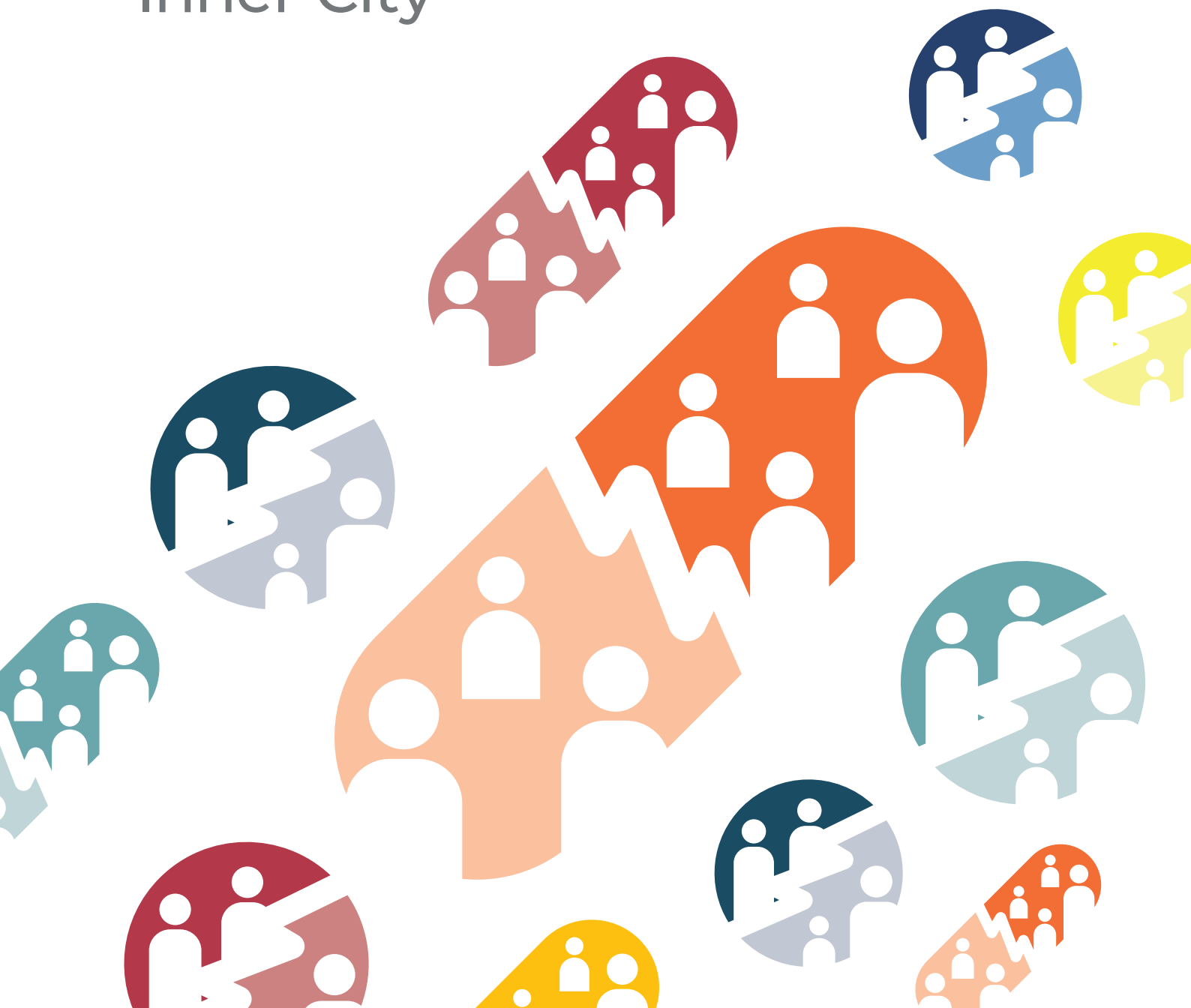
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**Debts, Threats,
Distress and Hope:**
Towards Understanding
Drug-Related Intimidation
in Dublin's North East
Inner City



List of Abbreviations

AGS – An Garda Síochána
ALDP – Ana Liffey Drug Project
CPAD – Concerned Parents Against Drugs
CTC – Communities That Care
DI – Designated Inspector
DNEICP – Dublin North-East Inner City Programme
DRI – Drug-Related Intimidation
DRII – Drug-Related Intimidation Initiative
EMCDDA – European Monitoring Centre for Drugs and Drug Addiction
FFT – Functional Family Therapy
FNP – Family Nurse Partnership
GREAT – Gang Resistance Education and Training
HRB – Health Research Board (Ireland)
IQDA – Irish Qualitative Data Archives
LDATF – Local Drug and Alcohol Task Force
LST – Life Skills Training
MDFT – Multidimensional Family Therapy
NACDA – National Advisory Committee on Drugs and Alcohol (Ireland)
NCA – National Crime Agency (UK)
NCLCC – National County Lines Coordination Centre (UK)
NDRIRP – National Drug-Related Intimidation Reporting Programme (Ireland)
NDS – National Drug Strategy (Ireland)
NEIC – North East Inner City
NFSN – National Family Support Network (Ireland)
OJJDP – Office of Juvenile Justice and Delinquency Programme (USA)
PWUD – Person/People Who Uses/Use Drugs
SOC – Serious Organised Crime
SPF – Strengthening Families Programme
SPHE – Social, Political and Health Education
SRO – School Resource Officer
YPAR – Young People At Risk



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Introduction

HISTORICAL AND CURRENT CONTEXT

In Dublin in the 1980s, the use of heroin had firmly taken hold in parts of Ireland, and criminality associated with the drugs trade had spread through communities (Bradshaw, 1983). Over time, increasing demand for drugs led to the expansion of illicit drug trade organisations and an increase in associated crime (Connolly & Buckley, 2016).

In more recent times, the landscape of drug use within Irish society has changed. For example, although heroin is still an issue, there has been a rise in recent years in polydrug use (Department of Health, 2017). Similarly, there have been a number of novel psychoactive substances introduced onto the market in the last 15 years, prompting the introduction of the Criminal Justice (Psychoactive Substances) Act 2010 to limit their sale and supply. These new substances generated new policy and practice predicaments given their unpredictability and led to lapses in usual safe use practices (Kelleher, Christie, Lator, Fox & Bowden, 2011). The widespread use of the internet has made online supply a key challenge, not just in Ireland, but across Europe.

Nonetheless, while the trends in drug use have changed, the basic dynamic of drugs and associated crime persists. While there was a steady decrease in drug-related crime with a reduction in controlled drug offences between 2008 and 2013, drug-related crime has been on the increase again in the recent past with a 44.6% increase in controlled drug offences between 2013 and 2020 (15,325 to 22,166) (CSO, 2020). Drug-Related Intimidation (DRI) is now commonplace in communities across Ireland where disputes over drug market territory, drug-debts and between rival gangs have greatly damaged both familial and social bonds, leaving residents feeling isolated and even more vulnerable (Connolly & Buckley, 2016; Murphy, Farragher, Keane, Galvin & Long, 2017). This breakdown within communities has substantially impacted quality of life with people even being afraid to engage in local amenities and venture into spaces dubbed “no-go areas” (Connolly & Donovan, 2014. p.42; Murphy et al, 2017. p.17).

Local Drug and Alcohol Task Forces (LDATFs) and community organisations have long stressed the pervasive nature of DRI within their localities (Connolly, 2002). The issue had been noted as a key challenge by the National Family Support Network over a decade ago:

“The FSN through its work with families has become aware of a large number of families experiencing intimidation from drug dealers as a result of a family member’s drug-related debts. This form of intimidation targeted at family members by drug dealers and their intermediaries is unprecedented in Ireland.”
(O’Leary, 2009. p.6)

The last decade has also seen the issue of DRI receive an increased focus at formal policy and strategic levels. In 2009, the National Drugs Strategy (NDS) 2009-2016, Actions 3 and 5, sought to develop an appropriate response to the issue, mandating that:



“The issue of drug-related intimidation from the lower-level to the most serious, should be raised at both the JPCs and the LPFs with a view to devising appropriate and sustainable local responses to the issue.” (NDS, 2009-2016, Action 3. p. 98)

And mandating the development of:

“... a framework to provide an appropriate response to the issue of drug- related intimidation in the community.” (NDS, 2009-2016, Action 5. p. 98)

In 2010, An Garda Síochána, partnering with the National Family Support Network piloted an intervention in the form of the Drug-Related Intimidation Reporting Programme (DRIRP) in the Dublin region. Between 2012 and 2013, after a pilot period, the programme expanded into other regions across Ireland becoming the National Drug-Related Intimidation Reporting Programme (NDRIRP). By the end of 2013, there was a nominated Garda Inspector responsible for all reports made through this programme across every division (Garda National Drugs and Organised Crime Bureau (GNDOCB) & NFSN, 2019).

In the latest iteration of the National Drugs Strategy – Reducing Harm, Supporting Recovery – DRI continues to receive attention at the national level, and is noted as an area of special concern for the country as “it presents a real threat to public safety in communities” (p. 5). DRI is highlighted as a key issue under both goal 3, “address the harms of drug markets and reduce access to drugs for harmful use”, and goal 4, “support participation of individuals, families and communities”. Under goal 4 of the NDS 2017-2025, two strategic objectives are cited through which to reduce the impact of DRI across communities, these being:

1. to strengthen and maintain the relationship with An Garda Síochána and the local communities in relation to responding to the drug trade, and;
2. to strengthen the effectiveness of the NDRIRP through raising public awareness and evaluating the programme's efficacy

As well as receiving national attention, DRI also continues to be an important policy issue in local areas where it has taken hold. For example, Mulvey (2017) highlights intimidation as a key obstacle in this area's regeneration:

“Any regeneration of the community must start at the core which means tackling crime, intimidation and drugs and helping the community feel safe again.” (Mulvey, 2017. p.29).

Mulvey also highlights the issue of DRI in actions 2 and 5 of the report which aim to “increase the levels of visible and consistent policing presence in the community with a strong focus on community policing to counter local intimidation and open drug dealing” and “to tackle intimidation and make it safe for the community to speak out and to lead” respectively (p.31).

In 2018, as part of the Dublin North East Inner City Programme (DNEICP), the 'Lives Without Fear – What Works' Conference was held in Croke Park, focused on addressing themes relating to DRI. The conference highlighted both the endemic nature of DRI in the NEIC area, and also the difficulties in reporting intimidation in such contexts:

“It is very hard to come forward – you might be giving evidence against someone who lives right beside you, a friend, someone from your family.” (Inspector Dalton in NEIC, 2018; p. 7)

The conference delegates discussed a number of themes, including:

- The need for a meaningful public awareness campaign on DRI
- The need to create opportunities for young people to avoid or stop engagement in drug-related crime
- The need to improve relationships between the Gardaí and local community
- The need to support those affected by drug use and DRI
- The need to change legislation which impacts the issue of DRI such as creating legislation to make it an offence to induce young people into the drug trade
- The need for greater co-ordination between statutory and voluntary agencies in relation to DRI

It was against this backdrop that the Drug-Related Intimidation Initiative (DRII) was established in Dublin's North East Inner City (NEIC) area. The DRII is a project which is operated and managed by the Ana Liffey Drug Project (ALDP) and which is funded under the DNEICP. The DRII was established in September 2019, and was tasked with two broad strands of work. First, to stand up a capacity to support people in the NEIC who are experiencing drug-related intimidation (DRI). Second, to carry out research into the phenomenon of DRI in Dublin's NEIC, with the final output being a report with good practice guidelines around responding to DRI, along with policy recommendations which could be considered by the relevant structures within the NEIC programme. This document is delivered in satisfaction of that obligation.



Research Overview

The initial tender document set out the basic high level requirements for the research, mandating the DRII to:

- Conduct desk research to include completion of a mapping exercise and literature review
- Conduct primary research in the form of community consultations

In addition, the research should:

- Be carried out in an ethically robust manner that is mindful of those participating and of the fact that many of them will be people who have experienced intimidation or otherwise have had contact with the illicit drug market
- Use research methodologies which are consistent with good academic practices, produce data points that will be useful for policy planning in the local area in the future
- Ensure that final outputs are of a sufficient quality to undergo peer review and publication

Based on these high-level objectives, the DRII worked with the Steering Group to develop a research plan. The mapping of services was carried out as an internal piece of work as this was also required for the direct service delivery aspect of the DRII's work. This process produced a database of over 90 services in the local area which could have relevance to the addressing of DRI in the local area. It contains contact and service provision information for services in the area, and forms the basis of the network of agencies with whom the DRII engages on an ongoing basis in the area.

For the other elements of the project, external academic support was provided by Technological University Dublin, who were engaged to provide support in the following key areas:

1. Reviewing and providing feedback on the literature review
2. Reviewing and providing feedback on the proposed consultation / data collection process
3. Conducting an appropriate assessment on the ethical aspects of the work and providing confirmation that the methodology is sound from an ethical perspective
4. Reviewing and providing feedback on the final written up document

The research was designed as a piece of engaged social research under the supervision and guidance of Dr Matt Bowden, School of Languages, Law and Social Sciences at Technological University Dublin. From the Ana Liffey Drug Project (ALDP), the research team was Marcus Keane, Head of Policy and Sarahjane McCreery, Project Coordinator of the DRII. Dr. Bowden and the ALDP team worked collaboratively on the items above, and on preparing the application for TU Dublin's Research Ethics Committee, working together to design and refine the online survey tool and guidelines for the interview and focus groups strands. Data collection and analysis was carried out by the ALDP team, who also prepared a draft report, which was reviewed with Dr. Bowden. Feedback on the draft report was also sought from the DRII steering group. The research project was developed and executed under the guidelines for Research Integrity and Ethics at TU Dublin and was formally approved by the TU Dublin Research Ethics Committee.



Literature Review

INTRODUCTION

Before examining the key findings of this study, it is useful to have an understanding of the extant academic literature on drug-related intimidation (DRI). Conceptually, DRI can be described as a pattern of behaviour involving the threat and/or harm of an individual/group in order to assert control within drug trade hierarchies or areas where there is a high concentration of drug use and drug dealing (Murphy et al, 2017). Intimidation of an individual, family or community tends to include many of the same tactics, such as threats or acts of physical violence, vandalism or damage to property, sexual abuse and coercion (Healy, 1995). Intimidation can generally be understood as comprising two distinct categories:

1. Explicit Intimidation: when one individual/group overtly threatens, harasses or harms another
2. Implicit Intimidation: when there is an ever-present but unspoken threat of harm which promotes fear and mistrust (Finn & Healy, 1996)

DRI is normally carried out by those involved in the trade or distribution of drugs (Murphy et al, 2017). People who use drugs (PWUD) are most often the victims, as intimidatory tactics are used as a means to reclaim debts owed from the sale of drugs (Connolly & Buckley, 2016; Murphy et al, 2017). However, it is also important to note that PWUD can in many cases be the perpetrators, as they put pressure on their family or others for money to purchase drugs or to pay existing debts (Connolly & Buckley, 2016). The motives for intimidating PWUD and their families are often clear and the forms of intimidation are typically explicit (Murphy et al, 2017). However, communities in which PWUD live and drug distribution networks operate, can also suffer from a low-level, persistent, less explicit form of intimidation. This low-level, community-wide intimidation can operate through a variety of strategies such as drug distribution groups making themselves visible through patrolling neighbourhoods and hanging out on corners carrying out arbitrary surveillance on residents (Anderson, 2007). DRI can also include inducing and pressuring vulnerable people into “running errands” or “holding” drugs in order to involve them in criminal activity or carrying out punishments such as assaults, often in public. (Connolly & Buckley, 2016; Murphy et al, 2017; Bowden, 2019). These displays of punishment send a message to the wider community to stay silent. Each threat or act of violence against a person who speaks out and reports incidents to the police promotes the perception that co-operating with the criminal justice system can have severe negative consequences. This further undermines the function of the justice system and erodes confidence in the police as protectors of the state (Healy, 1995). In addition, these less explicit forms of DRI seep into the fabric of communities, breaking down community spirit, dividing neighbours and generating an atmosphere of segregation, helplessness and suspicion (Murphy et al, 2017).



VICTIMS OF DRUG -RELATED INTIMIDATION

As noted above, PWUD and their families are most often the victims of intimidation (Connolly & Buckley, 2016). However, it is important to note that these are not homogenous groups and DRI may not be evenly distributed in a social and geographical context. In their report on disrupting crack markets, Burgess et al (2003), observed that intimidation is more likely to occur in densely populated communities such as inner-city areas characterised by poverty and poor social cohesion (Burgess, Abigail, Lacriarde & Hawkins, 2003). Studies on witness intimidation from the USA and UK have noted that women are likely targets of intimidation (Healy, 1995; Finn & Healy, 1996; Elliot, 1998). These findings are also supported in the specific context of DRI in Ireland, as both O'Leary (2009) and Connolly & Buckley (2016) have highlighted that it is the mothers of PWUD who most often report incidences of intimidation. According to Mulvey (2017), some areas of Dublin's NEIC contain up to 80% lone parent households. Many of these single parent households are likely to be single mothers, meaning that gender could play a significant role in this area regarding the threat of DRI.

According to a study of victim and witness intimidation carried out by Finn & Healy (1996), individuals and communities are more likely to feel intimidated based on the following factors:

1. The level of violence witnessed;
2. A personal connection to the perpetrator; and,
3. Living in close proximity to the perpetrator.

Healy (1995) found that perpetrators of intimidation were less likely to leave the area in which they resided to intimidate a witness meaning the majority of the intimidation occurred within their own communities. These findings relate to witness intimidation, but could have merit when applied to the context of drug markets and the risk of victimisation in Dublin's north inner-city where perpetrators of intimidation and victims live in close proximity to one another (Connolly & Buckley, 2016). It has also been found that when intimidating witnesses, threats are more common and as effective as actual physical violence in deterring victims from reporting (Finn & Healy, 1996; Elliot, 1998; Dedel, 2006). Fyfe & McKay (2000) found that sometimes intimidation does not have to be experienced directly by the witness in order for them to be deterred from cooperation with the police due to fear or reprisal. According to Dedel (2006), this fear and silence without the need for a direct experience of intimidation would be more likely to occur in "communities dominated by gang and drug-related crime" where residents have witnessed and understand firsthand the violent capabilities of the perpetrators (p.3). Fyfe & McKay also found that when intimidation is carried out directly upon a witness, it usually starts as a less serious act of intimidation escalating into more serious and violent threats over time (Fyfe & McKay, 2000).

Furthermore, according to Johnson, Webster and Connors (1995), gang members are often victims of intimidation due to inter-gang violence where the role of the offender and victim are often changing and revolving. These victims of intimidation are particularly hard to reach as the culture of drug gangs discourages co-operation and encourages retaliation.

In discussing gangs, it is important to note that the term “gang” is widely used across academic literature citing forms of intimidation such as “gang-related witness intimidation” (National Gang Centre, 2007. p.1) despite the contentious nature of the term. As a move towards resolving some of the definitional issues around the use of the term, the Eurogang definition was developed:

“a street gang (or troublesome youth group corresponding to a street gang elsewhere) is a durable, street-oriented youth group whose involvement in illegal activity is part of its group identity” (Esbensen & Maxson, 2018. p.6)

When the term “gang” is cited in this paper, it is generally in line with the above definition with the exception of the term “youth” as the age range of the members of the groups discussed using the term “gang” is unknown. Nonetheless, research has indicated that most gangs are more predominantly adolescent with members ranging between adolescence and early 20s with only some members being in their late twenties and thirties (Klein, Weerman & Thornberry, 2006)

ILLICIT DRUG MARKETS AND VIOLENCE

According to Andreas & Wallman (2009), violence is “commonly viewed as one of the defining features of illicit markets that differentiate them from licit markets” (p. 225). Connolly and Donovan (2014) paint the picture of a global illicit drug market encompassing “three inter-related levels or dimensions” (p. 29):

1. the international market with responsibility for production and global trafficking
2. the middle market with responsibility for importation and wholesale national distribution and,
3. the local market with responsibility for distribution at the community, retail level.

According to Connolly & Donovan (2014), individuals involved at each of these levels can overlap and interchange. They highlight how the global market is structured much like a pyramid with a large foundation of street-based workers at the lower level and a small number of people controlling importation and trafficking at the top level. Violence and intimidation serve a number of functions at all three levels of the global illicit drug market. One of these functions, as maintained by Connolly and Donovan (2014) is “to protect a customer base” (p.12). Violence and intimidation are also used as a form of dispute resolution (Connolly & Donovan, 2014), to enforce and protect reputation (Anderson, 1999; Jacques & Allen, 2015) and to deter people from informing or to punish “snitching” (Jacques & Allen, 2015, p. 10). Although their function remains constant, the manifestation of violence and intimidation take different forms throughout the illicit drug supply chain, from cultivation to consumption. For example, violence and intimidation can be used by individuals and groups “wanting to protect their crops from seizures or destruction by state authorities or criminal rivals” in the form of threatening officials or violent clashes with opposing forces in areas where crops are being farmed (International Drugs Policy Consortium, 2012. p.109). It can also be used by street-level dealers to erode community cohesion, create “no-go areas” and install a culture of fear in communities at the retail level (Connolly & Donovan, 2014, p. 42)



According to Pearson & Hobbs (2001), “the potential for violence runs like a thread through the drug networks (P.viii) and “a range of intimidatory devices” are endemic to the illicit drug trade (p.41). Despite this, Pearson & Hobbs found that the nature and occurrence of actual violence is often exaggerated. In their report for the Home Office examining middle market drug distribution in the UK, they reported that people involved in the middle market more commonly have a reputation for violence when in fact, “violence-avoidance” is the more commonly accepted practice as violence “attracts attention” and is “bad for business” (P.ix). Pearson & Hobbs found that when the market is stable, little evidence of violence is noted as violence tends to be a characteristic of more dysfunctional or disorganised middle markets. This study reinforces the premise that violence in drug markets is primarily used as a tool to ensure compliance with financial obligations as well as loyalty and respect and generally takes the form of an “implied and intimidatory force” rather than actual violence (p.47). This premise is further endorsed in an Irish study on illicit drug markets carried out by Conolly & Donovan (2014) on behalf of the National Advisory Committee on Drugs and Alcohol (NACDA). This study carried out on four local drug markets found that each of the drug markets operated through the use of intimidation tactics towards local community members and that while actual violence did occur in all four markets, it was a means to resolve unpaid drug-related debts and in the less ordered or stable markets, to resolve territorial disputes.

DRUG-RELATED CRIME

While there is an abundance of international literature centred on gang violence and intimidation of witnesses by drug gangs, there is a scarcity of research which addresses forms of DRI specifically. Thus, a broad view is needed when trying to place the phenomenon of DRI into a robust conceptual framework, and although DRI is merely one component of the drug/crime association, theories of drug-related crime can be of use in forming an understanding of the specific phenomenon of DRI. Drug-related crime can take on many different forms at different levels of society. Drug-related crime can operate on an international and national level by cartels, on a community level by drug gangs and on an individual level by or against PWUD and their families (INCB, 2003).

Drug-related crime itself is a broad term and can have many different interpretations. For example, drug-related crime can refer to crime related to the distribution of drugs, crimes committed to try to get money to buy drugs, crimes committed by drug gangs, crimes committed while on drugs, or crimes committed in communities with a high concentration of drug use (Raskin-White & Gorman, 2000). Nonetheless, one widely accepted conceptual framework for thinking about drug-related crime is Goldstein’s Drug/Crime Nexus Model (1985). Goldstein posited that drug-related crime can be understood through three distinct categories:

1. Psychopharmacological – committing crime under the influence of drugs
2. Economic-Compulsive – committing crime to finance drug habits
3. Systemic – committing crime to enforce power and influence within the drug trade

APPLYING GOLDSTEIN'S DRUG/CRIME NEXUS TO DRI

While Goldstein's three categories describe the drug/crime relationship as a whole, they have been used in an Irish context to examine DRI. Murphy and colleagues (2017) highlighted different forms of intimidation operating at different levels of society using Goldstein's work as a conceptual tool. They reported that:

1. Psychopharmacological intimidation occurs at a micro-level when PWUD threaten or use physical violence towards friends, family members or members of the local community as a result of emotional and behavioural changes from drug use or withdrawal
2. Economic-Compulsive intimidation occurs when someone is experiencing withdrawal from a substance and threatens and/or uses physical violence or forms of exploitation to obtain money for more drugs. This type of intimidation may also occur when a person runs up a large drug-debt and coerces money from friends, family or members of the community to pay the debt
3. Systemic intimidation takes two forms, disciplinary and successional:
 - a. Disciplinary intimidation occurs when higher powers within drug trade hierarchies use threats, violence and exploitation to ensure their power and influence. This includes coercing vulnerable members of the community to get involved in the drug distribution process e.g. by forcing PWUD and their families to "work off" debt through distribution, violence or prostitution. It also includes using threats or violence toward rival drug gangs and their families or intimidating members of the community into submission and silence
 - b. Successional intimidation occurs when vulnerable people or young people are induced and/or pressured into joining drug distribution groups out of fear of the consequences of not complying



International Literature on DRI

USA

Although there has been an absence of research specifically dealing with DRI in the US context, there has been a significant amount of work carried out on victim and witness intimidation by drug gangs which is applicable within the context of this review. Within this body of work, Finn & Healy (1996) have provided a comprehensive victimology and perpetrator typology for intimidation. They noted that there were various actors involved in DRI - from higher powers in drug hierarchies, through to distributors and PWUD, to neighbours who condone or profit from the illegal activity. According to Seymour and colleagues (2000), victims in witness intimidation cases face intimidation from the “whole community of the gang” as opposed to the “sole perpetrator” within the gang which results in “greater or more far-reaching intimidation and retaliation” (Ch. 22.3. p.12). Finn & Healy provided the foundation for later works encompassing victimology and victimisation relating to drug-related crime and “gangs” (Dedel, 2006; Whitman & Davis, 2007; Chen, 2009). Other actors of intimidation cited in these studies include inmates sharing correctional facilities with victims or family members of victims. Also reported as effective forms of intimidation, are threats against mothers, children, wives and partners (Finn & Healy, 1996) and threats of reporting illegal status resulting in deportation for illegal immigrants (Finn & Healy, 1996, Chen, 2009). This was backed up by Anderson (2007) who noted that gangs often carry out intimidation tactics in areas where there is a high concentration of immigrants who due to legal or personal reasons can have a pre-existing mistrust or lack of confidence in the police. They found that within these areas, there is a lack of cooperation with the police leading to perpetrators of intimidation being released shortly after their arrests (Anderson, 2007). This perpetuates this lack of cooperation with and confidence in law enforcement.

Similar findings were reflected in the US National Youth Gang Survey (2004) which included 2,554 members of law enforcement at all levels of jurisdiction in the US of which 90% (2,296) responded reporting the existence of 760,000 gang members and 24,000 gangs active in the United States. (Egley & Ritz, 2006). These gangs operated in both urban and rural areas with larger cities having substantially higher reports of gang problems such as intimidation. In the 2000 National Gang Survey, 66% reported witness intimidation by gangs as a common occurrence ranging from 44% of incidents in smaller areas to 83% in larger metropolitan areas (Anderson, 2007). One interesting finding from this survey was that some of the witnesses of intimidation being discussed were also perpetrators of intimidation at one point in time and intimidation was often carried out by their fellow gang members, friends, family and neighbours making the intimidation all but impossible to avoid. As noted previously, these studies on gang and witness intimidation relate specifically to crimes involving the drug market.

UNITED KINGDOM

In the UK, the National County Lines Coordination Centre (NCLCC) highlight vulnerable drug users and drug runners as the most likely victims of DRI (National Crime Agency (NCA), 2018). According to the UK's NCA (2018), DRI most often occurs as a method of recruiting vulnerable people into the drug trade through debt bondage whereby they are coerced into holding drugs

which are seized in staged robberies. Victims are then forced to work off the debt as they face threats of kidnap, serious violence or sexual assault towards family members. This provides an interesting insight into the motivations behind DRI, pointing to it being, at least in some circumstances, a strategy to attain power and control and not just a method of recovering money. This finding may be of particular relevance in considering the likelihood of paying off debts being a successful method of escaping future or ongoing victimisation.

In 2018, the first study on the community experience of Serious Organised Crime (SOC) was published (Fraser et al, 2018). One of the aims of the study was to explore the impact of SOC on community wellbeing through collecting qualitative data from 188 participants - both residents in the communities under study, as well as members of various community agencies. The data indicated that prominent figures in SOC often lived locally and thus “had a detailed knowledge of vulnerability in local areas” (p.4). Therefore, these figures in SOC would generate income through “exploiting and recruiting individuals who are frequently vulnerable.” (ibid.). This study also highlighted that the presence of prominent figures of SOC in these communities meant that the associated structures and behaviours could become normalised, with community members resigned to the inevitability of issues like intimidation. The report also noted that actors in SOC groupings within these communities often took advantage of local vulnerable people such as older people, people with drug dependency issues and people with mental health issues by taking over their premises or coercing them into SOC activities. Elements of mistrust between communities could exacerbate SOC related issues such as intimidation and exploitation, and a significant level of poverty and social exclusion among residents was the driving force behind young people being exploited and recruited by serious organised criminals into drug-related activities:

“In the context of unemployment, precarious work, and zero-hours contracts, organised crime was seen as offering a route to financial reward that was very appealing to some young people, particularly young men in search of respect. Organised crime was portrayed as a meritocratic, ‘equal opportunity’ employer where able young people could find both success and a sense of belonging, that they were denied in the legitimate economy” (p.5)

This recruitment of vulnerable young people into serious organised crime is also highlighted by McLean, Robinson & Densley (2020) in their work on county lines and criminal networks in Britain. This work emphasised how “the line between lawful employment and criminality for some disenfranchised young people have become blurred” (p.21) and how a career in the drugs trade is an accessible, logical and easy route for young people in comparison to legitimate work. They also argue that “excessive consumerism” and “celebrity culture” have increased their need for aspiration and status beyond what an income from a legitimate job could meet (McLean et al, 2020. p.21). McLean et al (2020) also point out that as well as vulnerable young people being recruited into the drugs trade by serious organised criminals, vulnerable drug users are often coerced through the promise of free drugs. One method of exploitation of vulnerable drug users highlighted here was the method of “cuckooing” whereby drug gangs take over the property of a vulnerable drug user and use it to hold or as a base to sell drugs. According to McLean and colleagues this process of cuckooing “has seen the movement of heroin and crack cocaine away from street-corner drug dealing in open markets to more hidden, closed drug markets incumbent on the use of phones.” (p.6)



IRELAND

Since 2002, a number of Irish studies have either highlighted DRI as an issue within their sample or focused solely on the issue of DRI (Connolly, 2002; O'Leary, 2009; McCulloch et al, 2010; Connolly & Donovan, 2014; Connolly & Buckley, 2016; Murphy et al, 2017; Bowden, 2019; James & Comiskey, 2019). From these studies, a number of common themes can be discerned. One such theme is the existence of systemic, low-level intimidation in communities through which drug hierarchies maintain control (Connolly, 2002; O'Leary, 2009; McCulloch et al, 2010; Connolly & Donovan, 2014; Connolly, & Buckley, 2016; Bowden, 2019).

These campaigns of low-level intimidation can lead to a disintegration of community trust and spirit, further exacerbating fear and feelings of helplessness as “neighbours get vicious at each other” and “people will not stand together” (Connolly, 2002. p.63). Another theme which has emerged across Irish DRI studies is the unwillingness of people to report incidents of DRI to An Garda Síochána. The reasons behind the reluctance to report are typically divided into two distinct categories. First, there can be a fear of reprisals from local drug dealers and/or gangs who are living in very close proximity to their victims and are even well-known and accepted members of the community (Connolly, 2002; O'Leary, 2009; Connolly & Donovan, 2014; Connolly & Buckley, 2016; Bowden, 2019). For example, an audit carried out by Citywide found that 72% of respondents would not report incidents of DRI as they lived in the same communities as the perpetrators (Connolly & Buckley, 2016). Another study carried out by Hourigan (2011) in Limerick found that there is an established code in these communities whereby specific individuals develop a reputation for violence and become people to be feared. This reputation alone ensures that any acts of violence or intimidation they carry out goes unreported. Second, there can be a lack of trust and confidence in the authorities who have been described as “powerless” in the face of DRI (McCulloch et al, 2010. p. 28).

Another significant theme emerging from Irish studies was the higher likelihood of parents, mostly mothers of drug users, to become victims of DRI, and specifically in relation to intimidation resulting from drug debts (O'Leary, 2009; Connolly & Buckley, 2016; Bowden 2019; James & Comiskey, 2019). In most cases, parents were pressured to pay off debts accrued by their children in order to ensure their safety (James & Comiskey, 2019). These particular findings also highlight the gender aspect of DRI that was also discussed at the Lives Without Fear conference, as there is a strong indication that mothers are often targeted, and illustrate how the pressures of DRI can impact familial bonds. As Young People At Risk (YPAR) (2019) note “Drug debts undermine trust between family members, with parents or siblings who often help pay debts.” (p.87).

Another finding from across the studies worth noting is the occurrence of drug activity in particular geographical areas or “hotspots” which can be considered “no-go areas” by local residents (Connolly & Donovan, 2014, p. 42). Also noted is the cyclical nature of DRI as those engaged in intimidation pressure victims to work off the debt, leading to further criminalisation (O'Leary, 2009; Connolly & Buckley, 2016). The literature also shows the low threshold that can make someone a target of DRI, with intimidation and violence known to occur over debts of as little as 50 euro (James & Comiskey, 2019). A further complicating factor is the inducement of young people into drugs trade hierarchies as young people can be attracted to opportunities to earn fast money (p.18), particularly if they are experiencing poverty and/or social exclusion.

According to Bowden (2019), this coercion of young people in many cases begins with what appears to be innocent requests such as “will you keep sketch there?” that gradually become more and more criminal in nature (p.18). Bowden (2019) also sheds light on a very different type of DRI relating to typology of drug use in which young drug users and gang members bullied people who used heroin as they viewed heroin as a “dirty drug” and heroin users as inferior to users of other types of drugs (ibid; p.17). According to Bowden (2019), this shift in perception came with the move away from heroin and towards polydrug use amongst the younger generation.

Interventions

THE NATIONAL DRUG-RELATED INTIMIDATION REPORTING PROGRAMME (NDRIRP)

In the Irish context, the NDRIRP aims to respond to the needs of PWUD, their friends/family and other members of the community who experience intimidation as a result of drug debts. Under the NDRIRP, a senior member of An Garda Síochána at the rank of Inspector with knowledge and experience of the issue of DRI is nominated in each Garda Division. This Designated Inspector (DI) is available to deal directly with any complaints of intimidation and to offer practical advice and support to victims in the most confidential manner as possible to ensure their security (An Garda Síochána, 2019). In March 2019, the NDRIRP was reviewed by An Garda Síochána and the NFSN pursuant to action 4.1.42 in the NDS 2017-2025.

The evaluations noted a lack of awareness of the programme as well as the need to focus on improving communications between key stakeholders. In particular, the NFSN highlighted that the working relationships between inspectors and community stakeholders were key to the success of the programme as community members could be reluctant to recommend an inspector to someone experiencing intimidation if they themselves did not have a positive experience with them. They also highlighted that such working relationships were difficult to forge, notably because of the movement of personnel in the Garda organisation and a gap in knowledge among members of the Gardaí about the programme. This was also cited by the An Garda Síochána report which referred to a need for a training programme both for inspectors and members more generally in order to provide more consistent support to victims of DRI. A common limitation of both evaluations was the lack of feedback from users of the DRIRP services as most reports came from DIs or support workers who referred to the programme. Even so, overall, the NDRIRP was found to be a helpful tool in supporting workers as it provided a predictable protocol with which to respond to an unpredictable problem (National Drugs and Organised Crime Bureau & NFSN, 2019).



GANG-RELATED CRIME INTERVENTIONS

Perhaps unsurprisingly, there is a scarcity of analysis looking specifically at interventions aimed at reducing DRI. However, there's a large body of literature, particularly from the US, which focuses on interventions which respond to problems associated with youth gangs, many of which are centred around or involved in drug trade.

The gang responses cited in the literature are typically divided into four categories:

1. Prevention programmes which seek to deter young people from joining gangs
2. Intervention programmes which directly target gang members and gang activity
3. Suppression programmes which aim to reduce illicit gang activity through specialised law enforcement, and
4. Comprehensive programmes which use prevention, intervention and suppression measures in targeting gang-related issues.

PREVENTION

There are generally three ways to distinguish prevention-based models based on general assessment of vulnerability and risk – universal, selective and indicated (EMCDDA, 2011). Universal prevention models target populations as a whole through aiming to reduce overall risk for all and are generally school, community and family-based (Decker, 2008; EMCDDA, 2011). Selective prevention models target parts of populations that are particularly at-risk of specific problems such as drug-related issues, offending or early school-leaving. Risk is usually calculated based on social and demographic factors which contribute to levels of vulnerability, therefore, people in socio-economically disadvantaged areas, areas with high levels of drug-use and/or drug-related crime, or members of ethnic minorities would be considered at-risk. These models are based around school, community and family but are also based around recreational activities such as clubs/bars/festivals and sports clubs (EMCDDA, 2012). Indicated prevention models target members of the population that are engaged in high-risk behaviours which may lead to more severe and prolonged problems such as drug use, anti-social behaviour and gang membership. These models identify individuals engaged in problem behaviours and provide specialised interventions for them such as a range of therapies, as well as programmes tailored to their individual needs i.e. gang-specific programmes (Murphy et al, 2017).

O'Connor & Waddell (2015) reviewed 27 universal prevention programmes and found that 21 were effective and 6 ineffective. For example, the schools-based Life Skills Training (LST) aims to prevent substance misuse for young people aged 8-18 through teaching young people self-management and social skills. Multiple randomised controlled trials of LST has shown significant reductions in substance misuse and delinquency (Botvin, Baker, Dusenbury, Botvin & Diaz, 1995; Trudeau, Spoth, Lilliehoj, Redmond & Wickrama, 2003; Botvin, Griffin & Nicholos, 2006). Of all of the effective prevention programmes, violence, criminal and antisocial behaviour, as well as substance initiation and use had all decreased overall amongst the different cohorts. This review also found that the programmes which have had success shared common features such as parental involvement, positive goal setting, group-based interactive activities and frequent, consistent delivery (O'Connor & Waddell, 2015).

The National Drugs Strategy 2017-2025 notes that universal school-based programmes centred on personal development which provide information about drugs and drug use are more likely than other tools to prevent early substance misuse. According to the Department of Education (2017), the life skills survey carried out in 2015 found that over 90% of schools in Ireland already provide students with drug and alcohol education through SPHE (Social, Personal and Health Education) with the curriculum developed in partnership with parents (83% of schools) and external agencies such as drug and alcohol task forces (DATFs) and An Garda Síochána (48% of schools). If this type of educational measure works in preventing drug and alcohol misuse, it could work with topics such as drug-debt, gang entry and drug-related crime. However, it is important to note that the majority of schools (56%) in this study reported finding it difficult to deliver substance misuse education to their students and this challenge could potentially be exacerbated with the introduction of new modules such as drug-debt and gang entry. The NDS (2017-2015) highlights that an effective substance use education should be delivered throughout the broader module of 'wellbeing' with a vital role being played by DATFs in "supplementing, complementing and supporting a planned, comprehensive and established SPHE programme" (p.24). In addition, the NDS also notes the necessity for each school's wellbeing module to be adapted to "ensure that it suits their students and their local context" (p.24) as should be the case for the substance use component. As well as promoting collaboration between schools and external agencies such as DATFs in delivering substance use education within a broader wellbeing curriculum, the NDS (2017-2025) has also committed to ensuring the continuing professional development of SPHE teachers, guidance counsellors and Home School Liaison Officers in the area of substance use education.

A study carried out by Bowden (2019) highlights this need for a school-based programme focusing on 'keeping young people safe' which educates young people about drug trade operations and helps them understand the risk of accepting credit and running up debt (p.25). This type of programme which includes both prevention and harm reduction principles would be well aligned with the NDS's mission to reduce drug-related harm. O'Connor & Waddell (2015) also reviewed prevention programmes for youths deemed 'at-risk'. For this cohort, interventions that have proven to be effective include both a Family Nurse Partnership (FNP) (10-18 years) and the Strengthening Families Programme (SFP) (10-14 years). The FNP has demonstrated significant benefits for mother/child relationships and led to reduction in familial arrests and convictions (Eckenrode, Campa, Luckey, Henderson, Cole & Olds, 2010). The SFP has been shown to reduce anti-social behaviour and substance misuse and increase school completion and achievement (Redmond, Shin & Azavedo, 2004; Spoth, Redmond & Chin, 2000). The National Drugs Strategy (2017-2025) has also focused on reducing the risk and impact of parental substance abuse on young people through a parental skills/strengthening families approach, mandating the development of "evidence-based family and parenting skills programmes for services engaging with high risk families impacted by problematic substance use" (p. 31)

A review carried out by Murphy, Farragher, Keane, Galvin & Long (2017) on various interventions for gangs and gang-related crime such as DRI highlighted that selective prevention strategies such as youth mentoring were beneficial in reducing reoffending by young people involved in gangs or drug-related crime. Further, many studies have documented the importance of structured mentoring programmes with suitable, motivated mentors tailored to the young person's individual interests and needs (DuBois et al, 2002; Jekielek et al, 2002; Jolliffe & Farrington, 2008).



However, poorly implemented mentoring programmes can in fact have a worsening effect on youth outcomes particular around offending behaviour such as gang entry and drug-related crime (Jolliffe & Farrington, 2008). Murphy and colleagues (2017) also found support in the literature for parental training programmes for parents of at-risk 0-3-year olds, which have been shown to reduce long-term crime outcomes (Murphy et al, 2017).

It's also important to note that punitive selective preventative measures such as boot camps or other discipline-based programmes are often found to be ineffective in reducing gang-related crime and could even be counterproductive. One well known deterrence/discipline based programme is Scared Straight which involves at-risk young people visiting prisons and receiving testimonials from prisoners in order for them to witness the harsh reality of prison life. Several reviews of this programme have highlighted an increase in youth offending (Aos et al, 2001; Petrosino et al, 2004; Petrosino et al, 2013). Petrosino and colleagues (2004) compared youths enrolled in a Scared Straight programme with a control group and found increased odds of offending in the enrolled group concluding that "doing nothing would be better than exposing youths to the programme" (Petrosino et al, 2004. p.35).

For high-risk youths, therapeutic interventions in the form of both Functional Family Therapy (FFT) and Multidimensional Family Therapy (MDFT) have also led to reductions in offending and delinquent behaviour and improvements in school performance (Liddle, Rowe, Dakof, Henderson & Greenbaum, 2009; Sexton & Turner, 2010). One prevention-based initiative that was not included in the above review but has been studied more frequently is the Gang Resistance Education and Training (GREAT) Programme. In brief, the programme consisted of elementary school education, middle school education, family training and summer school and included education and skill development teaching young people to resist gang membership and of the dangers associated with drugs, crime and gangs. A study by Ebensen & Peterson (2004) examined the G.R.E.A.T programme over a period of five years and found that the programme increased awareness of young people on the implications of involvement in gangs and helped develop a more positive attitude towards the police. Nonetheless, it failed to reduce involvement in gang-related crime. Klein and Maxson (2006) argues that the programme failed to incorporate existing, up-to-date information on gangs and was not targeted at those most at-risk.

INTERVENTION

According to Murphy et al (2017), intervention or 'desistence' programmes targeted at youths already engaged in gangs focus on creating opportunities for gang-involved young people so they can engage in "meaningful occupation" outside of their gang (p.12). This approach also involves supporting the young person to desist from crime and leave their gang through providing ongoing support. According to David-Ferdon & Simon (2014), interventions focused on young people leaving gangs and desisting from gang-related crime should involve elements such as fostering safe and nurturing relationships between the young person and their caregiver and changing the young person's norms around accepting violence. These elements of intervention with gang-involved young people would be implemented through youth development programmes focused on conflict resolution and prosocial life skills, street intervention/active outreach with gang-involved youths, counselling and therapy for gang-involved youths and their families, as well as case management involving in-home meetings with gang-involved youths and their family members (David-Fernon & Simon, 2014). According to Murphy and colleagues (2017), after

a review of five gang alternative interventions, there was limited or no reducing impact on gang membership or involvement in gang-related crime or violence amongst the cohorts involved in the studies. This review also noted that any evidence of gang exit from these five studies was underpinned by “desistence work” carried out by the gang members themselves such as the pursuit of prosocial values and friendship with prosocial groups (p.12).

SUPPRESSION

Suppression is the most widely-accepted and practiced strategic response to gang-related issues. The most promising suppression strategies are focused deterrence strategies (Decker, 2008) which target a specific type or group of offenders or specific type of crime, for example perpetrators of DRI or DRI itself. The focused deterrence framework or “pulling levers” approach was developed in Boston in the 90s by Operation Ceasefire which was a project aimed at stopping gang violence through a communications campaign which warned perpetrators that they would be “pulling every lever” available when crime occurred (US Dept. of Justice, National Institute of Justice, 2001). According to Murphy and colleagues (2017), the pulling levers strategy has been the most effective suppression strategy in impacting gang and drug-related crime and violence such as DRI. Despite this, Decker (2007; 2008) found that suppression strategies in general are not as effective in targeting gangs or associated drug-related crime when used in isolation and are best backed up by community-based policing and services.

COMPREHENSIVE

In 1995, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) introduced a new initiative to respond to gang problems in the US- The Comprehensive Gang Model or “Spergel” model. This model stands out from other responses to gang issues in that it embodies prevention, intervention and suppression in one approach. The Spergel Model approaches the problem of gangs and related violence through five interconnecting strategies:

1. **Community Mobilisation:** this strategy involves action from all local citizens from young people to community groups and agencies which are coordinated by a community appointed steering committee
2. **Social Intervention:** this strategy engages youths involved with gangs or at risk of involvement through street outreach and provides wraparound social services across a range of community settings from youth clubs and schools to addiction services and faith-based organisations. After the young people are engaged with services, they are enrolled in various programmes from educational, vocational and job preparation programmes to family support, mentoring, counselling and drug treatment. Young people are also enrolled in prevention and education programmes such as Gang Resistance Education Training (GREAT). One specific feature of social intervention is that it targets the individual rather than gangs as a unit
3. **Provision of Opportunities:** this strategy involves the establishment of a variety of educational, training and employment programmes. These programmes are supported and provided by local residents and businesses



4. **Suppression:** this strategy is operated through community and problem-oriented policing and to gang units. Data is continuously collected and analysed to assess the nature and scope of the gang problem over time and any changes in the problem are then fed back to service provision. A respectful relationship between police, outreach workers and service providers is established to encourage collaboration
5. **Organisational Change and Development:** this strategy involves developing and continuously adapting policy to conform to changing gang issues and meet established and newly emerging objectives

Since its establishment in 1995, the OJJDP has employed this model in over 25 locations in the USA. It has been tested in various states such as Illinois, California, Texas and Arizona. The Little Village Gang Project in Chicago carried out and tested this model and highlighted a 60% greater reduction in arrests for serious violence than with other programmes for comparative age groups. It also highlighted that the most significant reduction in all arrests were for age category 19+ across three samples (Spergel, 2007). There were a number of limitations of this model also highlighted. Klein and Maxson (2006) highlighted that the Spergel Model was complex and challenging to implement and participating communities were often not equipped sufficiently to carry out many of the elements. They noted the model was perhaps too ambitious in wanting to “combine prevention, intervention and suppression in a single package” (Klein & Maxson, 2006. p. 120).

Community coalitions can be used as a form of comprehensive approach directed at coordinating activities and resources to prevent substance misuse and delinquent behaviour. They can bring together diverse community stakeholders to address a common goal and have the benefit of mobilising communities in prevention and health promotion initiatives. The Communities That Care (CTC) approach is based on the premise that the prevalence of adolescent health and behaviour problems in a community can be reduced by identifying strong risk factors and weak protective factors experienced by the community's young people and by then selecting tested and effective prevention and early intervention programmes that address these specific risk and protective factors.

EMCDDA (2017) lent support to CTCs in reducing adolescent substance misuse and delinquent behaviour in an analysis of five studies which tested the efficacy of these comprehensive programmes. CTCs work through using “tested and effective prevention and early intervention programmes that address these specific risk and protective factors” (p.1). The analysis found that when the CTC model is implemented earlier on in middle school, it lowered risk of problem behaviour and drug use in North America. However, in European countries, the effectiveness of the CTC model is yet to be comprehensively studied. While the essential elements of a comprehensive model fit well in European communities, they need to be adapted to fit professional coalitions rather than volunteer-dominated coalitions as well as the differing European educational systems and cultures.

There are a number of ways in which the Spergel Model could work in reducing DRI. The community co-ordination element of this model could help in rebuilding community cohesion and spirit which is usually low in areas plagued by DRI (Murphy et al, 2017). Thus, a united and collaborative community could be more resilient to threats or acts of violence from drug distribution groups. In addition, the social intervention element of the model could assist in preventing DRI

through educating young people on drug trade hierarchies, the many implications of getting involved in the drug trade as well as providing harm reduction advice on how to avoid gang recruitment and drug debts. The need for these types of harm reduction educational programmes have been highlighted in recent Irish studies on the topic (Murphy et al, 2017; Bowden, 2019). Although suppression tactics are widely practiced and generally considered less effective in targeting gang issues (Curry & Decker, 2003; Decker, 2007), they could potentially work well under this model in combination with the other elements. For example, if suppression tactics helped to limit key actors in drug trade hierarchies, young people could become deterred from getting involved in gangs reducing levels of DRI. Similarly, community members might develop more confidence in the power of the authorities to address DRI, also alleviating the community-wide harms.

POLICING MEASURES TO REDUCE HARM ASSOCIATED WITH DRI

While preventing and reducing DRI is a systemic problem rather than merely a policing problem, it is without doubt that policing plays a pivotal role in addressing incidents of intimidation. Thus, it is important that law-enforcement efforts keep up with the ever-changing nature of drug-related crime, including DRI. Again, much of the research is in the US context but can provide useful insights. For example, policing and prosecution tactics can be designed with the lived experience of the community in mind and community-facing at all times in order to increase the community's confidence in law enforcement (Finn & Healy, 1996; OSCE 2008). Some policing measures designed around community experience were highlighted by Finn & Healy (1996) such as establishing storefront precincts in neighbourhoods where police have difficulty making contact and building trust with residents and businesses as this measure would both establish visibility in and engagement with communities as well as allow for intelligence gathering. Other measures highlighted by both Finn & Healy (1996) and Chen (2009) include increased and constant presence in neighbourhoods and speaking frequently with a wide range of residents (not just those who are potentially involved in intimidation). Finn & Healy also highlight the need for consistent case-management of witnesses so that the same individual or team of individuals is handling a case from start to finish promoting trusting relationships.

Whitman & Davis (2007) carried out interviews with 39 youths age between 13 and 21 from 7 participating boys and girls clubs around Massachusetts, all of which had some form of contact or knowledge of gang members in school or their neighbourhoods. The interviews identified that community-wide intimidation was a serious issue amongst teens and their parents. A common reason cited for not reporting to the police was fear of retaliation by gangs. In 46% of interviews, a norm against being a "snitch" or "snitching" was expressed. One particular finding of interest was the presence and support of School Resource Officers (SROs). The majority of the interviewees provided positive feedback relating to their SROs describing them as approachable, friendly and trustworthy as well as officers who make them feel safer and more secure. In contrast, the interviewees spoke quite negatively about their local neighbourhood police officers. Youths reported the scarcity of and lack of proactivity from officers in their local areas and claimed that the officers who they did see and interact with regularly, presented with superior, disrespectful attitudes harassing the local youth. Overall, from a youth perspective in this study, both relationships between police and young people and the presence as well as the attitude of the police emerged as the most important factors in influencing overall feeling of safety and likelihood to report crime.



Whitman and Davis (2007) also interviewed a sample of police officers and prosecutors to gain insight into the criminal justice perspective on gang intimidation in Massachusetts. The most common theme of these interviews was the lack of co-operation from witnesses acting as a barrier to prosecution of crimes by gang members. Also reflected in the youth interviews, this lack of cooperation lay in both a lack of trust between the police and community members as well as the negative outlook on “snitching” embedded within the community. Police expressed a sense of helplessness and confusion around protecting witnesses and stated their efforts to protect victims are obstructed by an inability to provide 24-hour protection due to understaffing and judicial restrictions in both prosecuting perpetrators and protecting anonymity of victims. The police also expressed the difficulty in having a dual role of both carrying out strict enforcement of probation and parole conditions of gang members and building relationships with youth. Through constantly having to be “on the case” of gang members they develop a reputation which makes it difficult to engage with other youth within communities.

Reno, Fisher, Robinson, Brennan & Gist (1998) put forward an analytical model for approaching the issue of gang crime in communities, The Gang-Problem Triangle. As most drug-related crime is perpetrated by members of “gangs” or drug-trade hierarchies, this model could be applied to the issue of DRI. The Gang-Problem Triangle breaks gang-related issue such as DRI into three main parts:

1. The offender
2. The victim, and
3. The place in which the harm occurs.

The model speculates that the best approach to reducing gang issues is to address whichever side of the triangle is easiest to remove with focused action. While current methods of reactive policing usually concentrate on the offender, this model proposes to concentrate policing on the places in which the harm occurs. There are two main justifications for focusing effort on places or “hotspots”, these being:

1. Perpetrators will no longer view these places as viable locations for carrying out crime and/or intimidation, and
2. Perpetrators and victims will remain in separate places.

Policing scholars have repeatedly highlighted the importance of place in crime prevention (Eck & Wiesburd, 1995; Sherman, Gartin & Buerger, 1989; Weisburd, Bushway, Lum & Yang, 2004). One pitfall of this model is that it does not emphasise the need for policing efforts to focus on the victim, however through changing the physical characteristics and levels of security in areas where harm is more likely to occur can in turn reduce the likelihood of being victimised. Nonetheless, there is great scope for focusing on victims when policing drug-related crime and intimidation. Dedel (2006) in a report on witness intimidation for the U.S. Department of Justice Office of Community Oriented Policing Services outlines a summary of responses which focus on the victim in dealing with issues relating to witness intimidation. Among these victim-focused responses are actions such as minimizing contact between the victim and intimidator

through relocation or victim escort, forming multi-agency partnerships to ensure witnesses are protected from intimidation after reporting, and documenting all measures taken by the victim as well as training the victim in preserving and documenting evidence so that they do not compromise the integrity of the case. The above measures are some from a long list of victim-focused measures which are designed to encourage witnesses/victims to co-operate with authorities through deterring the likelihood of further victimization in the form of intimidation.

While place policing can cause other issues such as displacement of crime, when carried out correctly, intensive place policing has shown to have reduced crime (Weisbard & Eck, 2004; Wiesburd, Wyckoff, Ready, Eck, Hinkle & Gajewski, 2005). Hot spot or place policing has also been directed at drug-related activity and DRI in an Irish context. In a study on social exclusion in Limerick, Hourigan found that throughout the three years of the study, the most effective response to fear and feuding in the city was both the increased visibility and response of the police in specific problem areas of Limerick. Hourigan (2011) pointed out that in absence of the police other entities such as drug trade hierarchies, begin to assert control. This can fuel a view that the police do not care or are not to be trusted and local residents begin to lose confidence in the legitimate law enforcement system. Through making themselves visible throughout the city, particularly in drug trade “hot spots”, and responding quickly and comprehensively to call-outs, the police in Limerick regained control and respect within communities. This study highlighted that through staying out of cars and moving towards patrolling the areas on bike or on foot, guards were better able to engage:

“Well the biggest improvement that I would have seen in my time is getting the Gardaí out of the squad cars. The cycle units have made a big difference. A lot of Gardaí involved are young and approachable and they can talk to the kids... It's less threatening and gives them a different view of the Force. Some of the female Gardaí have also been a big help in getting rid of the macho thing” (Hourigan, 2011. p. 127).

Hourigan's study shows that through policing of places, both through increasing visibility and responding effectively to calls and reports, a feeling of reassurance and respect for the police can be generated in communities badly affected by DRI. The need for more police working on the ground has also been highlighted in the Report of the Commission on the Future of Policing in Ireland (2018).

“The public, police and politicians have all told us that they want to see more police on the front line. We agree. More police working in and with the community will help prevent and detect crime, reduce fear of crime, and protect people at risk. Many police are now doing jobs that do not require police powers, and should be done by nonsworn employees or outsourced. Police also have unnecessary administration duties, such as keeping paper records, duplicating electronic ones. These should be stopped. These steps will allow significant numbers of Gardaí to be redeployed to front line district duties” (Report on Commission on the Future of Policing in Ireland – Fifth Principle. p.XII)



CONCLUSION

From an academic perspective, Drug-Related Intimidation is a relatively new concept. Conceptually, our understanding of DRI has been analysed through the broader lens of drugs and crime more generally. Similarly, our understanding of interventions has also been informed largely by other distinct but related fields – such as gang membership or witness intimidation. Nonetheless, these areas do give us valuable insights, and where there has been work on DRI specifically, much of this has been carried out in Ireland, meaning that there is a good amount of information on DRI in an Irish context which provides a solid base to inform further inquiry. This study will further add to the Irish literature on DRI through examining the issue of DRI in the NEIC area of Dublin, drawing on the input of those living and working in the area, including those who have experience of Drug-Related intimidation – as victim, as perpetrator, or as both.

Methodology

OVERVIEW

This research project utilised a mixed methods approach, comprising both desk and field research. First, a literature review was carried out, focused on identifying relevant academic and policy-related research in the area of DRI. A description of the process undertaken and search terms used in the literature review is included at Appendix A of the report. A mapping exercise of services in the community was also carried out, in order to identify services which are focused upon or are relevant to the issue of DRI in the NEIC. Second, building on the insights from the literature review, field research was conducted involving distinct groups of participants in the NEIC area. There were three strands to the field research: an online survey; focus groups for people working in the NEIC and whose roles gave them a particular insight into DRI; and interviews with a small cohort of people who had direct personal experience of DRI, either as a previous victim, previous direct witness or previous perpetrator. For all strands of the field research, participants were recruited through the promotion of the research through the DRII's social media profiles and through the network of services the DRII engages with in the NEIC area. Participation in all strands of the field research was voluntary and no participants received payment for their participation. There were two researchers present for each of the focus groups and interviews – one focused mainly on the facilitation of the session and one focused mainly on the data collection and integrity processes.

The research was designed as a piece of engaged social research under the supervision and guidance of Dr Matt Bowden, School of Languages, Law and Social Sciences at Technological University Dublin. The research project was developed and executed under the guidelines for Research Integrity and Ethics at TU Dublin and was formally approved by the University's Ethics Committee.

ONLINE SURVEY

An online survey was conducted using the Survey Monkey online survey tool. The survey was open to anyone over 18 years, living or working in the NEIC area. The survey was open from late June 2020 to early August 2020. A total of 471 valid responses were collected (F=173, M= 116, Other / Not disclosed = 182). The survey was shaped by the literature review and was constructed to capture information related to DRI. The survey covered a number of topics relevant to understanding DRI in the NEIC area, including knowledge of DRI as an issue in the locality; personal experience of DRI, including form of intimidation, where and when it took place, the perceived causes underlying the intimidation experience, and whether (and if so, to whom) it was reported; questions related to the perception of safety in the area, knowledge and trust of the services that exist which could be useful in addressing DRI in the area; and perception of the risk of becoming a victim of DRI based on membership of a particular group. Participants were also asked to provide some demographic information such as gender, age, income level and employment status. A copy of the final online survey questionnaire is provided at Appendix B.



FOCUS GROUPS

Three focus groups were held, for participants who were working in the NEIC area and whose jobs meant that they had some particular insight into the issue of DRI in the local area. Focus groups took place at the end of July 2020 and in total 18 participants from 12 organisations took part. All focus groups were held in a private meeting room in a Dublin hotel. Sample questions for the focus groups were developed following completion of the literature review and these were informed and further refined by a preliminary analysis of the survey data. As well as sample questions, a PowerPoint presentation with key findings from the online survey was used to help structure the focus group discussion. Participants were provided with a copy of the sample questions and a sample of topics to be discussed throughout the focus groups ahead of the sessions. Participants were also provided with information on the focus group both ahead of and at the session. A template information sheet, consent form and basic anonymised demographics for the focus group participants are included at Appendix C.

INTERVIEWS

Finally, four semi-structured interviews were held with individuals who had direct experience of DRI in the NEIC area. As with the focus groups, sample questions for the interviews were developed following completion of the literature review and these were informed and further refined by a preliminary analysis of the survey data. The interview participants were also provided with a copy of the sample questions and the general topics for discussion ahead of the interview sessions. As the interviews took place after the focus groups, the interviewers had also benefited from the insights of focus group participants by the time the interviews were taking place. Interviews were held in private meeting rooms on Ana Liffey Drug Project premises, and (in one instance) in a private meeting room in a Dublin hotel. A template information sheet, consent form and basic anonymised demographics for the interview participants are included Appendix D.

ANALYSIS

The survey generated primarily quantitative data from which the descriptive statistics in the results section were derived. This was done using the tools available within Survey Monkey, although clean data sets suitable for analysis through SPSS or similar tools were also generated in MS Excel.

The interview and focus group data comprised over 9 hours of audio recordings which were recorded and manually transcribed using a transcription kit. Initial themes for the thematic analysis of interview and focus group data were identified from a review of the research plan, the initial literature review and the survey data, and were refined as the analytic process progressed. Thematic analysis of the qualitative data was conducted using the NVIVO software for qualitative analysis. Within this thematic analysis, the researchers identified frequently recurring references or 'nodes' which were then organised into clusters and ranked to identify which themes and subthemes were most prominent within the transcription data.

ETHICAL ISSUES

Drug-related intimidation is a topic which can elicit strong emotional responses from people, and which could be difficult to discuss for those with personal experience. Additionally, safeguarding the confidentiality of participants is critical in any research study, but particularly where the topic of investigation is something with an inherent risk attached to discussion, such as is the case with DRI. The researchers took steps to ensure the confidentiality of participants in each strand of research, including the following:

- Collection of survey data utilised anonymising tools, such that the researchers did not collect any identifying information from participants, including IP addresses
- For the interview and focus group strands, participants were provided with the information sheet and consent form ahead of the session and the researchers also brought the participants through the information sheet and consent form on the day of the focus group or interview. Signed consent forms and the audio recordings of the focus groups and interviews were electronically scanned and saved into a secure folder only accessible by the researchers. Prior to leaving the location where the interviews or focus group took place, any copies of the consent forms / audio files other than those in the secure folders were deleted or destroyed
- The interview and focus group data were then manually transcribed. During this process, the data were also de-identified to ensure that no participant could be identified from the content of their focus group or interview

The researchers also took steps to ensure that supports to participants were available. In the event of a participant being affected by participation and requiring support, a debriefing session with a trained counsellor was available. These sessions were available to participants in the survey if they sought support, and were proactively offered to participants in the focus groups and interviews.

DRI is likely to be an area of research interest into the future, and it was important to ensure that the datasets from this study were made available for further analyses in the future. For this reason, de-identified transcripts of the interviews and focus groups will be further processed and cleaned, and in time will be provided to the Irish Qualitative Data Archive (IQDA) at Maynooth University. The dataset from the online survey is available to bona fide researchers upon request from the researchers.

Finally, it is important to note that the research component of the DRII's work was kept separate from the DRII's activities supporting people experiencing intimidation. Those accessing the service for support were not asked to participate in the research.



METHODOLOGICAL LIMITATIONS

As with all pieces of research, this work has a number of methodological limitations which should be highlighted.

While the study was promoted through local networks, it should be remembered that ultimately participants self-selected to take part and hence the sample is not representative of the NEIC population as a whole. Further, although under 18s were excluded from the current study by design, it's important to note that DRI in the NEIC is not restricted to adults, and a more complete study would include the voices of children. For the focus groups and interviews, participants either self-selected or were selected by their organisations for participation. Similarly, the qualitative strand of the research was also not controlled to be representative of the NEIC as a whole.

While great care was taken to achieve a gender balance in qualitative interviews, and there were a number of female candidates who initially self-selected, these potential participants decided to withdraw before the interview stage. Hence the research team proceeded with the remaining participants who were all male. Bearing this in mind, the qualitative results are reflective of our fieldwork with one gender, and any observations or findings need to be read in this context.

The fact that the survey was both promoted and carried out in the online environment, meant that internet access and some level of familiarity with working online was required in order to participate. Hence our assumptions about accessibility to information and communications technology should be acknowledged, and it is understood that these may have been barriers to participation for some people. Under normal circumstances, the research team may have used a variety of techniques to increase access (such as by encouraging community-based organisations to facilitate access for their clients as appropriate), but such approaches were not really feasible given the social distancing requirements during the COVID-19 public health emergency. Also, and as mentioned previously, the request for participants for focus groups and interviews was circulated through the DRII's social media as well as throughout the network of services in the NEIC. The researchers are aware that people who experience DRI in the NEIC may not use social media or also may not engage with any NEIC service and therefore may not have been aware of the opportunity to participate in the field research.

Finally, while great care was taken over the construction of the survey questions, such as the utilisation of questions from existing, well-used instruments, no formal or systematic pilot testing of the survey was carried out for the purposes of establishing reliability and validity. Similarly, there were other issues that the survey could have examined which were not included – for example, the survey did not enquire about the events that occurred following an experience of DRI, such as how or whether it was resolved, or if the DRI was related to a drug-related debt and if so, the amount of the debt and if/how it was repaid.

Findings

In this section, the findings from the current study are presented. To ease interpretation and avoid duplication, findings are presented by themes, rather than sequentially by data source. Thus, each theme sets out the insights from that area of inquiry, with reference to both quantitative and qualitative findings as appropriate. The themes that resulted from the analysis and under which findings are presented are as follows:

- Knowledge of DRI
- Experience of DRI
- Form of DRI
- Perceptions as to why DRI occurred
- People involved in DRI
- The where and when of DRI
- Perceptions of safety and community
- Responses to DRI

Each is presented in turn.

KNOWLEDGE OF DRI

Unsurprisingly, there are high levels of knowledge of DRI in the NEIC. Respondents to the survey were given a definition of DRI as follows:

“Drug- related intimidation is a broad term. However, it usually refers to direct attempts to recover drug debt or otherwise enforce discipline through direct activities such as:

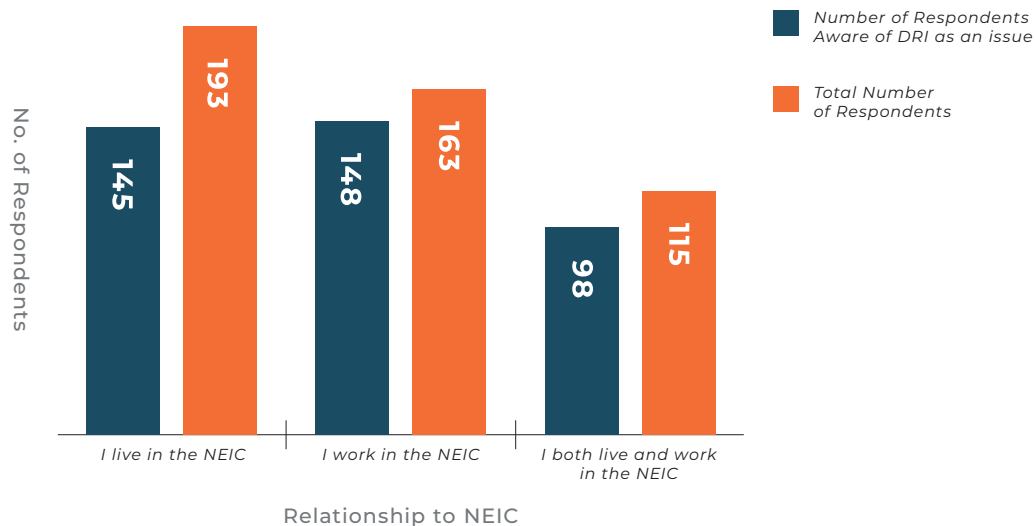
- Actual violence against people or their property
- Threatening violence against people or their property
- Coercing people to engage in criminal activities such as holding drugs”



Considering DRI in the context of this definition, 83% of survey respondents (391/471) reported being aware of DRI as an issue in the NEIC area. Interestingly, people who lived in the area reported being less aware of DRI as an issue (75%; 145/193) compared to those who lived and worked in the area (85%; 98/115) or who just worked in the area (91%; 148/163). Figure 1 shows survey respondents' awareness of DRI as an issue in the NEIC area with reference to their relationship with the area.

FIGURE 1: Awareness of DRI as an issue by relationship with NEIC

(I live in the NEIC, n=193; I work in the NEIC, n=163, I both live and work in the NEIC, n=115)



It was clear that participants in the focus groups and interviews also had a deep awareness of DRI both in definition and operation, and in a way that is consistent with academic conceptualisations, including both direct and indirect forms of intimidation. For example, a local youth worker outlined her understanding of DRI in the following way:

“Like, there’s the DRI that would be connected with debts... eh... for drugs... where people are being threatened or their family’s own safety, and then there’s the presence of drug dealing, very overtly on the streets and in the community... em... and then there’s, I suppose, peoples’ inability to speak out about things, as also another factor which might... it might be issues connected with drugs or not, but that they feel, you know that they’re not able to speak because... em... of people who are involved in the drug culture.”

(Focus group participant, person who works with young people 1, female)

This quote illustrates the chilling effect that DRI can have on a community, contributing to a perceived “inability” to be able to talk openly about issues the community is facing – to an extent, the risk associated with speaking out disables the ability to speak openly. Equally, it may be the case that people don’t explicitly recognise an event as DRI when it is taking place. For example, one interviewee, who was witness to incidents of DRI on a number of occasions throughout his youth recounted how only in hindsight did he come to identify the incidents as DRI:

“...but like, when we were experiencing it, it would be like a Friday night where everybody would be drinking and then all of a sudden somebody would come in a car and give someone a few digs and you'd be like, “Jesus, what's after happening there?”... and then you only learn to know what people are involved in and what's happening after it happens, if that makes sense”

(Interviewee 2, witness of DRI, male)

This interviewee also noted how acts of DRI carried out to recover drug debts can be simply conceptualized as the inherent consequence of falling into debt. He described how he did not at the time perceive the individual being attacked to be a victim of DRI but rather someone who had to deal with the inevitable consequences of not managing his debt. As such, there can be an acceptance of events like this as part of the normal course of things in drug markets - a private matter to be addressed between the parties to the transaction:

“And I wouldn't be shy of saying how I feel or my opinion on it but I was just like, “he owes money like, it's nothing got to do with me... I'm not getting involved in that”, you know”

(Interviewee 2, witness of DRI, male)

Thus, there can be an implicit acceptance that violence and intimidation are acceptable methods of resolving disputes. The same interviewee, noted that although he did not recognise it as DRI at the time, he “subconsciously” engaged in forms of intimidation such as reminding the person to repay the debt when he saw him on the streets. The knowledge that what was happening was DRI did not come until later, when the intimidation was extended to the family of the person who owed money for drugs, when he realised that what he was seeing was intimidation and raised it with the perpetrator, telling him:

“that's not on, you know, that's not the right way to go about it”

(Interviewee 2, witness of DRI, male)

Thus, there can be a tacit acceptance of DRI as part of the normal course of things so long as it is directed at those who have incurred the debt. However, this acceptance does not extend to uninvolved parties such as family members and if it does, it is then recognized or regarded as DRI.

Any acceptance of DRI as a dispute resolution mechanism suggests a certain normalisation of activity related to the drugs trade. It was noted earlier that those who responded to the survey who were living in the NEIC presented as less aware as a group of DRI as an issue than those living outside or living and working in the area. This contrast also emerged in the focus groups, where participants noted that they – as people working in services in the area – would recognise something as DRI, even if the people they were working with did not:

“No, I think like call it what it is but... I'm saying, I don't think... if I was talking to some of the young people, they'd never identify it as drug intimidation but I'd very quickly know what I'd see it as...”

(Focus group participant, person who works with young people 4, male)



This lack of awareness or knowledge can also be present within families of victims of DRI. A professional working with families of PWUD in the NEIC noted that while family members may have a level of awareness that their son/daughter is involved in some way in using or selling drugs, they don't always have a detailed insight of what is happening:

“Most of the family complain that something happens to them but in a real sense, they don't know what happens to their kid who has been victimised by those people, so, it is very bad”
(Focus group participant, person who works with PWUD and their families 4, female)

Nor is this lack of knowledge limited to the families of victims of DRI – it can apply equally to perpetrators. As one participant noted:

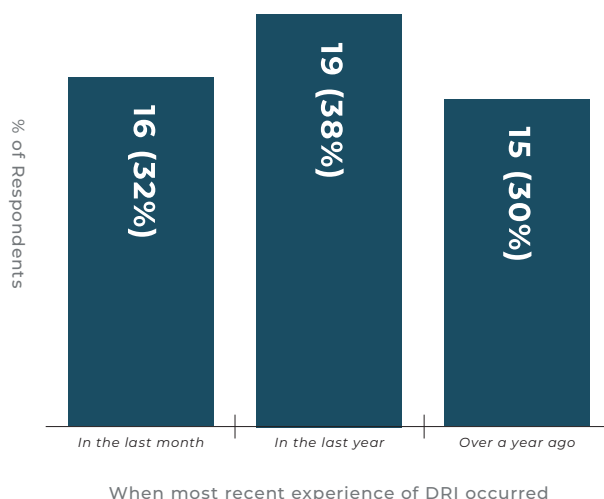
“There you go there's a whole circle of intimidation again. That family has no idea that their brother has [describes violent act], you know, again they're caught. So, that's your intimidation all kicking off again.”
(Focus group participant, Community Worker 1, female)

In summary, the findings indicate that while there is a generally high level of knowledge of DRI as an issue in the NEIC area, it is not necessarily conceptualized in a uniform way. When DRI is directed at an individual with a drug debt, it can be perceived as a natural consequence of the debt, only later thought of as DRI when it expands to include family members or loved ones. Equally, those close to people involved in DRI (as victims or perpetrators) don't always necessarily have a full knowledge of their involvement, or of the nature or scope of the intimidation.

EXPERIENCE OF DRI

A total of 108 (23%) of respondents of the online survey reported having had an experience of direct intimidation at some point in their lives. Of these, however, only 51 respondents provided more detail on their personal experiences. Almost all (50/51) shared information on when their most recent experience of DRI took place, and this data is presented in Figure 2, with 32% (16/50) reported experiencing intimidation in the month prior to survey, a further 38% (19/50) reported experiencing intimidation in the year prior to survey, and a final 30% (15/50) reported an experience of intimidation which occurred over a year prior to survey.

FIGURE 2: Most recent direct experience of DRI by percentage of sample (n=50)



The qualitative data provides further insights around direct DRI experience. Focus group participants, presented with the data from the survey, indicated some surprise that the figures were not higher. As one participant, a local youth worker, noted “the 1 out of 5 would probably be a lot higher, if not going up towards very high”. Another participant, also a local youth worker, believed that if the focus of the question had been on low-level, indirect intimidation as well as direct forms of intimidation, then, in her estimation, “5 out of 5” people in the NEIC would have experienced DRI.

However, it must be remembered that focus group participants were drawn from people working in the area who have insights in to DRI through their work – commonly from working with victims of DRI - so it might be expected that they would see DRI as very prevalent in their working lives. Further insight into the nature of DRI experiences also surfaced through the interviews. Although interviewees had been recruited specifically with their experience of DRI in mind, they presented with very different backgrounds and experiences, highlighting that people who experience DRI are not a homogeneous group. Of the four interviewees, three had never been involved in the drugs trade, with their experience coming from having a family member or friend involved in the trade which led to their experiences. One interviewee had been involved in the trade at a non-street level, and had been involved in carrying out intimidation, but also recounted experiences of being a victim of DRI:

“I was after buying a house with how good the market was at the time, I was after buying a house. I was only about 21... and they were saying they wanted the deeds to the house to pay off the debt and if I didn't then you know, X, Y and Z was going to happen”

(Interviewee 1, victim and perpetrator of DRI, male)

The diverse profile of people who experience DRI in the NEIC was also noted in the data from the focus groups, along with the identification of paths that could lead to being victimised. One focus group participant recalls witnessing an incident of DRI where a local resident reported drug-related activity and anti-social behaviour to the police, and was targeted as a result:

“They came back the next day and smashed every one of her windows because the police was called because they were on the corner selling all that day and they were fighting... coming down and fighting over drugs and... so she had enough of it and she rang the police. The next day, every one of her windows was put in!”

(Focus group participant, person who works with young people 6, female)

Another highlighted the disruption that DRI can bring to a family's life, with those experiencing DRI affected to the extent of feeling they have no option but to move, even where such a move is less than ideal:

“I'm working with a family at the moment who have been ran out of their home and are living in [name of place], in very crowded conditions, over the other side of the city now because the intimidation is so bad”

(Focus group participant, person who works with PWUD and their families 3, female)

These issues can be compounded by the often public nature of DRI. One focus group participant highlighted its often overt and visible nature in the community:

“Like, even recently, somebody in the middle of the flats waving a baton, you know? saying, “I'm gonna burn your car and your house” and this parent having three children there and really in fear.”

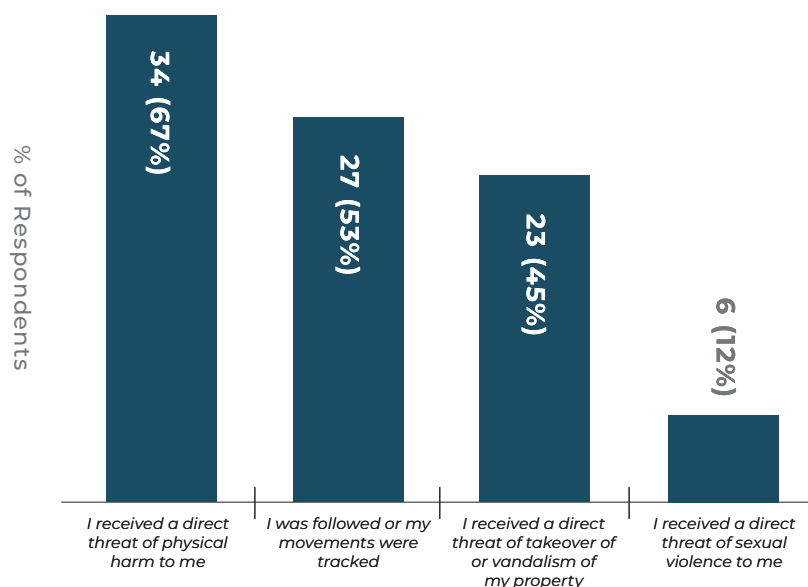
(Focus group participant, person who works with young people 2, male)

In summary, the findings indicate that experience of DRI is not uncommon, with over 1 in 5 survey respondents having experienced DRI directly. Equally, experience of DRI is not necessarily tied to personal drug debt, or to involvement in the drugs trade – it can arise tangentially, as a result of the involvement of a family member or friend, or it can be a response to a perceived interference, such as alerting An Garda Síochána to Drug-Related activity. These perceptions as to what might drive events of DRI are explored in more detail later in the report.

FORMS AND DYNAMICS OF DRI

Participants in the survey who indicated that they had direct experience of DRI were asked to specify the form(s) that intimidation took. Figure 3 illustrates these responses. Of the 51 respondents who answered this question, 67% (34/51) indicated that they had experienced a direct threat of physical harm; 53% (27/51) reported being followed or having their movements tracked; and 45% (23/51) reported a direct threat of vandalism or takeover of their property. A smaller proportion (12%; 6/51) reported a direct threat of sexual violence.

FIGURE 3: Form of DRI experienced by percentage of sample (n=51)



When discussing direct experiences of DRI in the focus groups and interviews, a number of subthemes emerged on form and dynamics, which largely aligned with the experiences people reported through the survey. These subthemes are set out and discussed as follows:

- Physical Violence
- Personal Property
- Surveillance and Sexual Violence / Coercion
 - Surveillance
 - Sexual Violence / Coercion
- Micro-level dynamics and impacts of DRI
 - Debt bondage: coercion and extortion
 - DRI as a control mechanism
 - Harassment of PWUD

PHYSICAL VIOLENCE

In line with the findings from the online survey, threats of physical violence as the primary form of DRI was cited throughout the interviews and focus groups. Participants described DRI using concepts like a “terrorising campaign” that “works through fear”. Within this construction, it is unsurprising that threats of physical violence play a significant role. However, the qualitative data provides richer insights as to how the physical threats in DRI can be put across in practice. For example, when directed towards parents of people who owe money for drugs, some participants indicated that threats of physical violence could often be made against the children, in addition to, or in place of, the parent:

“I’m going to go after your child if you don’t pay this debt”
(Focus group participant, person who works with PWUD and their families 1, female)

Another focus group participant explained how these threats of physical violence understandably elicit genuine and extreme levels of fear in parents for their children’s lives and well-being, given the fact that DRI can and does result in real danger:

“they’re actually afraid that their children will be shot or murdered or found somewhere beaten up or left half alive like, we all know the reality of this sort of stuff”
(Focus group participant, person who works with PWUD and their families 4, female)

Strikingly, one interviewee who was a victim of DRI because his son owed money for drugs, described threats of physical violence against his son as “a form of kidnapping” or bondage whereby the child who is being threatened is being “held hostage” for money and there is a sense of powerlessness when the parent does not have the money to free the child. This same father also recalled being on the receiving end of very serious threats of physical violence by his own son when he could not give him money to repay the drug debt:

“So, he said he would come back to shoot us and we got terrified and he said he was on his way to shoot us. So, we rang the police, the police covered the street, you know. Eh... he never came”
(Interviewee 3, victim of DRI, male)

This same interviewee later highlighted an incident where his and his son’s lives were threatened by the people to whom he owed the drug debt:

“...and one walked over to me and he says eh... “where is [name of older son]?” and I said, “I don’t know” and he says, “well, when I get him, I’m going to kill him and I’m going to kill you”. And, they stood on the road for 3 hours...”
(Interviewee 3, victim of DRI, male)

While it was clear from the narrative across both the focus groups and interviews that DRI most commonly took the form of threats of physical violence, there were also occasions where actual physical violence was used. For example, one interviewee was present while his friend, a perpetrator of DRI, repeatedly tried to reclaim a drug debt from an individual, and described how the victim got “punched and kicked” and how if he was spotted on the street he would casually get “5 or 6 punches” along with a verbal reminder to repay his debt. Another interviewee, the father

whose son had threatened him seeking money to repay a drug debt, recalled what happened when he refused his son the money:

“Yeah, to demand the 4,000 and eh... I hadn't got it. He battered me on the road...
[Emotional pause] ... I was terrified of him!”
(Interviewee 3, victim of DRI, male)

Participants in the focus groups also felt that when actual physical violence was more serious in nature, it could be considered as being indicative of involvement of people higher up the organised crime hierarchy, often as a means of maintaining control or underlining a reputation. One interviewee believed that the serious physical attack carried out on a family member was not as a result of the money owed but rather as a result of the family member standing up to a person involved in organised crime who was pressuring him:

“And eh... your man kept bullying [name of family member] and... like he was hitting him all the time and then [name of family member] hit him back, you know, in a straightener, and then he told [name of family member] that he wanted 50,000 pound and eh... [name of family member] said, “no, over me dead body, you won't be getting any money!”
(Interviewee 3, victim of DRI, male)

Another interviewee who was historically involved in organised crime and had experience as both a victim and perpetrator of DRI, describes a scenario where he retaliated with physical violence in a drug trade territory dispute:

“I kinda fairly quickly found out where that was coming from, it was over [name of area] and eh... we would have went and we would have went through the door... you know, and eh... I would have [describes violent action] to give him a warning”
(Interviewee 1, victim and perpetrator of DRI, male)

This link between physical violence and perceived escalation up the drug trade hierarchy was also reflected in the focus group discussions. Participants described how if initial attempts to recover debt through threats or minor physical violence, a situation can arise where the person seeking recovery will “transfer” the debt to “someone superior” to pursue, often with more severe consequences.

PERSONAL PROPERTY

The online survey data revealed that threats of vandalism to property occurred in 45% of direct experiences of DRI, and this level of regularity was also apparent in the qualitative data. As one interviewee noted, threats of, or actual vandalism to, personal property is often the initial action, which can then lead to an escalation:

“their window gets smashed, their ma's windows gets smashed in the house or in the flats and... it just escalates from there, like...”
(Interviewee 2, witness of DRI, male)



The smashing of windows on either the individual's home or car was the most frequently cited form of vandalism and was raised in respect of six different cases during the interviews and focus groups. Other forms of attacks on property were also noted - two separate focus group members provided accounts of a person's family home being petrol bombed as a warning to encourage repayment of a drug debt:

“They threw a petrol bomb at her front door and blew the front door up, so they told her... after the petrol bomb, “if you don't pay in 3 days, it's going to be your whole house blown up”...with a bunch coming back... so they just paid it”
(Focus group participant, person who works with young people 6, female)

Understandably, threatening to vandalise or set fire to property instills a lot of fear in families and can motivate them to repay drug debts, particularly in circumstances where the threats are very real. As one participant put it, families responded because they knew from experience that:

“you do get petrol bombed and you do get your windows smashed in”
(Focus group participant, community worker 2, male)

Participants also reported threats and actual confiscation of property ranging from the deeds to a house through cars and motorbikes all the way down to children's bicycles and toys:

“I know in [name of area in NEIC] of kids whose parents owe money for drugs and they took the bikes off the kids, just took all the kids' toys, and they can do nothing. Like...”
(Focus group participant, person who works with PWUD and their families 1, female)

SURVEILLANCE AND SEXUAL VIOLENCE

Although threatened or actual physical attacks against property or the person were the most commonly reported forms of DRI, they are not the only ones. In particular, respondents noted both sexual violence as a particular type of violence against the person, as well as less direct tactics such as surveillance.

SURVEILLANCE

Participants in both the interviews and focus groups reported that collection of drug debts sometimes involved surveillance of an individual to, for instance, determine when and where they collect their social welfare: a number of participants gave examples of perpetrators targeting people at post offices when they were collecting social welfare payments. One interviewee who was historically a perpetrator of DRI described meeting an individual to reclaim a drug-debt:

“...and then a lot of the time as well, I'd meet people at the labour exchange, you know, down the road and they would pay over so much of their money towards what they owed” (Interviewee 1, victim and perpetrator of DRI, male)

SEXUAL VIOLENCE/COERCION

Sexual violence was noted as an issue by respondents to the online survey; when surfaced in the focus groups, two participants brought attention of the issue of this manifesting as sexual coercion in the form of “working off” drug-debts:

“...this has come up, especially over the last year...eh... around DRI, is sex work and people being forced into sex work to pay debts and that and it’s happening a lot with vulnerable women in the community”

(Focus group participant, person who works with PWUD and their families 2, female)

It was also noted that the stigma associated with sex work could have a chilling effect on the willingness of victims to disclose their experience and seek help:

“You know, there would be a lot of stigma with exposing that. You know, [refers to FG member] might say to me, (she’s me next door neighbour), “they’re feckin intimidating me” and so and so... and “threatening me house” but is she going to say to me like, “they have me daughter...” [coercing her into sex work] you know? like, you might not want to disclose that, you know?”

(Focus group participant, person who works with young people 2, male)

MICRO LEVEL DYNAMICS AND IMPACTS OF DRI

Intimidation does not occur in a vacuum, and market and other factors can help us better understand the dynamics of DRI. Here, this is examined with reference to:

- Debt-bondage: coercion and extortion
- DRI as a control mechanism
- Harassment of PWUD

DEBT BONDAGE: COERCION AND EXTORTION

Coercion and extortion as a result of debt-bondage was a frequently cited issue in the qualitative data. One interviewee who was historically both a victim and perpetrator of DRI describes incidents where people who owed him money for drugs were assigned duties in order to work off drug-debt:

“You’re working it off. I had it with lads and you’d get them to carry something for me, do you know what I mean? Take something from A to B and I might not even need them, I probably already have people that were doing that stuff for me but here’s an opportunity to get something cleared and it’s not putting one of me other lads at risk that’s probably a bit more known at this stage by the guards, you know, so... people would, I know a lot of people... and I would have had someone bringing drugs in from [other country] for me as well that owed me money, you know what I mean... so... people do... that has always gone on, do you know what I mean?”

(Interviewee 1, victim and perpetrator of DRI, male)



This interviewee also described an incident where he had helped PWUD who owed him money to acquire a rental property and had subsequently taken over the property to store drugs as a form of repayment for their drug debt:

“So I said, “I’ll give you the deposit” (now, they owed me money), “I’ll give you the deposit”, I said “...and the first week’s rent”, I said... “... but you’re going to be holding stuff...”
(Interviewee 1, victim and perpetrator of DRI, male)

While this example portrays a superficially commercial-type arrangement, this is not always the case. One focus group member gave this (hypothetical) example:

“Say, I’m the drug dealer and I give you something and say “here keep that in the gaff and it will cover what you owe me”. Then, I ring the guards and get that raided and “awh, it’s €12,000 you owe me now... tell you what we will sort that out, go over and shoot him and make sure you do a good job of it and your debt is clear”. You’re now gone from an addict, to storing drugs and then a killer”
(Focus group participant, community worker 1, female)

In addition to coercion, extortion was also reported as a dynamic in DRI. In particular, focus group participants noted incidents where opportunistic criminals would target vulnerable families who owe money for drugs to another individual and pretend to be collecting the debt repayment. One participant described the following case:

“This youngfella was caught with drug belonging to someone else, the drugs were [names value]. He faced the charges, he doesn’t spill the beans, doesn’t say who he got it off and sort of you know, happy, loyalty or whatever... another guy, so that was kind of left alone... so, you can imagine the people who owned the drugs, right... they take the hit, right. This other criminal, knew this youngfella got caught and he started knocking at the door and extorting money out of them”
(Focus group participant, person who works with young people 4, male)

DRI AS A CONTROL MECHANISM

Participants in the focus groups and interviews also spoke about controlling behaviour as a form of intimidation, often carried out by individuals in organised crime to maintain control of “foot soldiers” and reinforce a reputation. For example, participants reported people higher up the organised crime hierarchy threatening parents of people involved in street-level supply to keep them from intervening or attempting to deter their children from being involved. One victim of DRI who was a parent of a young man involved in the drugs trade reported feeling “worthless as a father” as he could not convince his son to stay away:

“I remember one day, I went into a restaurant where he was and he was sitting with a fella called [name of person], he’s dead now, [nickname of person] they called him and I said to [name of son], “what the fuck are you doing with him?”, you know and he looked... and your man walks out and goes, “you fuck off, he’s with me now. I’m

looking after him". I felt that small [gestures size with hands]. If you have a conscience you can't be like these people and I have a conscience and I had to walk away and I felt worthless as a father, you know"

(Interviewee 3, victim of DRI, male)

Similarly, participants highlighted examples of people higher up the organised crime hierarchy threatening or verbally abusing lower-level drug dealers who wanted to engage in prosocial behaviours outside of the drugs trade:

"So, I'm talking and I say, "[Offers interventions]" and one fella was quite interested but he wouldn't give me his number with the other one there so I said, "if ya see us floating around, if you want to engage us then" but then the main fella in the group started giving out and taking the mick straight away and what can you do?... because the rest of them won't talk to you then... because the leader has done that very strategically. So, this is what... you can offer them bits and they might say no but in that respect it's not because they don't want it, it's because they're not let"

(Focus group participant, person who works with young people 4, male)

Individuals involved in organised crime may also use intimidation as a method of resolving territorial disputes or reinforcing control of a specific market. One interviewee described how, while on temporary leave from prison, he was confronted and threatened by a person who had "stepped into the breach" while he was in prison to assert control of a specific market:

"...he came up to me and says, eh... "you don't run this area anymore" you know what I mean (and this, that and the other), "if you want anything, you get it off me" and I was like "you wouldn't wipe the shoes of the people I know" and I left. That fella came into prison about four months later and walked on to my landing. Didn't last long on that landing let me tell ya. He was gone!"

(Interviewee 1, victim and perpetrator of DRI, male)

HARASSMENT OF PEOPLE WHO USE DRUGS (PWUD)

The focus groups and interviews also surfaced a number of incidents where PWUD were verbally abused and ostracised by drug dealers, often in relation to their drug of choice:

"I was walking about, I was walking down to me house in [name of area] and it was funny, this house sold weed and sold coke. Car pulls up and I'm walking by and your man goes "here" and the man said, "yeah, what are ya lookin for?" and he says, "two" and he says, "two oner bags?" [€100 bag of cocaine] and he says, "no, two rocks" [1/10th gram of crack cocaine] and he says, "get ourra here, ya fuckin scumbag"

(Interviewee 1, victim and perpetrator of DRI, male)



It was also noted that PWUD were often at risk of paying over money for drugs, but not being given the drugs that they had paid for:

- : “Yeah but they’re actually robbing the victims! Like, they’re not giving them the
- : drugs that they’re paying for. So, they’re [the buyer] are giving them the money and
- : they’re [the seller] not giving them the drugs, like and that causes a big, a big scene
- : in the area, like. Because they’re sick! They’re looking for their fix like and they won’t
- : give it to them. They’ll rob their money but they won’t give them the fix”
- : (Focus group participant, person who works with young people 6, female)

PERCEPTIONS AS TO WHY DRI OCCURS

The respondents to the survey who reported having a direct experience of DRI were asked why they believed they had been targeted, and presented with a selection of options to rate on a scale from 'strongly agree' to 'strongly disagree'. Participants could select more than one option. Table 1, below, outlines the numbers of respondents who either strongly agreed or agreed that they had been targeted because of that particular reason.

TABLE 1: Perceived reasons behind DRI by percentage of sample (n=51)

| PERCEIVED REASON BEHIND DRI | % OF SAMPLE |
|---|-------------|
| I was targeted as a warning or to frighten people in the community | 55% |
| Other | 51% |
| I owed money from buying drugs | 43% |
| I was put under pressure to get involved in drug supply or other drug-related crime | 43% |
| Someone I know owed money from buying drugs and I was targeted | 35% |
| I was put under pressure by a person who uses drugs for money to buy drugs | 31% |
| I owed money from having a supply of drugs seized or taken away by the police | 27% |
| I owed money from having cash from drugs seized or taken away by the police | 27% |
| Someone I know owed money from having cash from drugs seized or taken away by the police and I was targeted | 27% |
| Someone I know owed money from losing drugs or cash from drugs in some other way, and I was targeted | 27% |
| Someone I know owed money from having a supply of drugs seized or taken away by the police | 25% |
| I owed money from losing drugs or cash from drugs in some other way | 20% |

When asked to specify reasons in the 'other' category, survey participants provided responses ranging from observing or witnessing drug-related activity to confronting people for engaging in drug dealing in close proximity to their home. Other respondents also believed they were either targeted due to the type of job they held or that they were simply targeted at random.

As with the online survey, owing money for drugs was also one of the most commonly perceived reasons behind incidents of DRI noted in both the focus group and interview data. The focus groups provided many examples of PWUD receiving drugs that they cannot afford "on tick" from drug dealers in the NEIC. Participants noted that a single individual could be given



drugs on tick numerous times without having to hand over money, leading them to accrue significant debts. One interviewee described how he witnessed his friends receive drugs numerous times without having to hand over cash:

“You would have a lot of lads getting stuff on tick because especially with coke, you do see it at parties and you’d get, you know an eight or a couple of eights”
(Interviewee 1, victim and perpetrator of DRI, male)

The interviews and focus groups also pointed to the existence of a culture in the NEIC around using expensive drugs such as cocaine without having the financial means to use this drug. One focus group member noted:

“...because of the culture of cocaine, which has been rampant you know, it’s like, people can’t have a drink without coke. So, I can imagine anyone who is not working or hasn’t got a job, cocaine is not cheap!”
(Focus group participant, person who works with young people 4, male)

It was believed that this culture of purchasing drugs beyond their financial means contributed to many PWUD ending up in debt. It was also suggested across both the interviews and focus groups that addiction also plays a role in PWUD accruing large debts which result in DRI:

“I think, you know, in [name of son]’s situation, you don’t get free coke morning, noon and night, it has to be paid for...”
(Interviewee 3, victim of DRI, male)

This accumulation of debt over time then leads to some of the dynamics noted in the previous section, with vulnerable people who are “entrenched in addiction” being forced to “sell to make money up” or hold drugs. One focus group member gave an example of how vulnerable drug users who are ordered to hold a supply of drugs, can often end up using the supply themselves and ending up in further debt:

“Yeah, like they might have a party on the Saturday and they couldn’t control it and, and it’s gone and then they have a huge debt...”
(Focus group participant, person who works with young people 5, male)

Interview and focus group participants also noted that some incidents of DRI were carried out because the perpetrator was in fear for their own lives or were being put under pressure by someone whom they themselves feared. One interviewee (interviewee 1) explained that in many cases where he carried out intimidation or acts of violence towards other members of the drugs trade, it was out of bravado and an attempt to mask his own fears of being attacked first – “I’ll hurt you, before you hurt me”. Another interviewee explained that when he was present for acts of DRI being carried out on a victim, he knew that the perpetrator was being put under serious pressure by “someone bigger and scarier in their eyes”. He described how this fear “trickles down” and “snowballs” into them eventually intimidating other people:

“...he was in trouble with people bigger than him and I realized that he was being intimidated so he...he tried it on me”
(Interviewee 3, victim of DRI, male)

The qualitative data also indicated that DRI would often be carried out between members of the drug trade in order to preserve their reputation and out of fear that if they lost their reputation for violence, they would in turn become targets:

“...it’s even their reputation, their manhood, their need to preserve, you know their reputation, “are you gonna do anything about that?” do you know? And then, if you have someone who people think they’re being ratted out by, they’ll want to have a word with them as well. So... that’s... I think that’s kind of... what kind of happens with it, so... it’s intimidation but sure like”
(Interviewee 4, victim of DRI, male)

Another reason for DRI that emerged through the qualitative data was opposition to the drugs trade in the NEIC. There were a number of examples brought up of local residents who had no connection to drug-related activities becoming victims of intimidation because they either reported DRI or anti-social behaviour or publicly took a stance against drug-related activity. One focus group member gave an account of her colleague’s home being vandalized for reporting drug-related activity on her street to the Gardaí. Another focus group participant highlighted how a family was driven from their home in the NEIC and physically attacked for standing up to people involved in the drugs trade:

“I suppose, the father thought he could stand up and he couldn’t and then they sprayed all outside the house em... [insulting word for informants]
(Focus group participant, Project Worker with PWUD and their families 3, female)

This particular aspect of DRI does not appear to be new. One interviewee gave an account of an experience of DRI in his childhood as a result of his parents’ involvement in the Concerned Parents Against Drugs (CPAD) Movement in the NEIC:

“...and me family were afraid to do anything about it because they were getting threats from a chap called, [name] at the time to push it any further so we just kinda left it.”
(Interviewee 4, victim of DRI, male)



In this context, it is important to note that even perceived opposition to the drugs trade or co-operation with the police can be a risk factor in itself. One focus group participant highlighted how residents are often blamed for calling the Gardaí on young people involved in drug-related activities or anti-social behaviour and becoming victimised as a result:

“I’ve often seen stuff as well, and I’m sure the guards in particular probably wouldn’t have meant it... but they’d come into the flats and they say “look it, get off the fuck-ing stairs, the neighbours are after ringing giving out about ya, yas need to leave” or you know there would be a gang and again, might be sitting in the flats late at night, a summer’s night, having a few cans and the guards would come in and say “look it lads, we’ve got a couple of calls, yas have to leave” but with them, it’s not making sense because they’re like “what, who’s fucking ringing?” and then, “look at her light”, “look at her looking over the balcony” and someone might be coming out for a cigarette and they say “ ah look at that swine up there she’s after ringing” and then the next few weeks or months, she’s coming in and out of the flats and that and they’re sniggering at her and calling her names, you know”

(Focus group participant, person who works with young people 2, male)

A number of focus group members gave examples of how interactions between Gardaí and young people resulted in young people being labelled as “rats” who are co-operating with the Gardaí and from there, they become targeted and victimised:

“...then, the lads are seen talking to the guards and then they’re presumably rats and then something happens them, you know what I mean...”

(Focus group participant, person who works with young people 3, male)

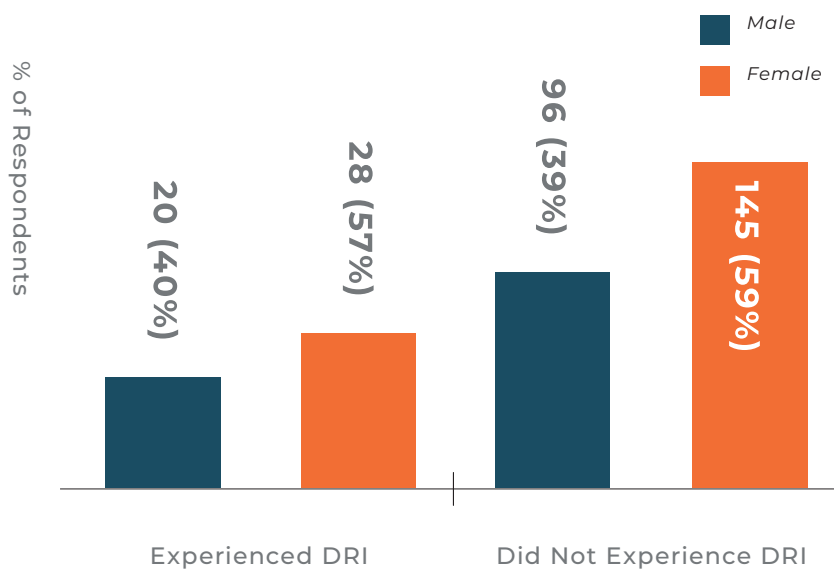
THE DEMOGRAPHICS OF DRI

A total of 108 (23%) of respondents of the online survey reported having had an experience of direct intimidation at some point in their lives. Of these, however, only 49 respondents (45%) provided further demographic information about themselves. This information is outlined under the headings overleaf.

GENDER

Of those survey respondents who had experienced intimidation directly 57% (28/49) identified as female, compared with 41% (20/49) who identified as male. However, it should be noted that this is broadly consistent with the gender split across the sample as a whole; more women than men responded to the survey, and the gender split was very similar when compared to those that do not have direct experience of intimidation, female 59% (145/247) and male, 39% (96/247). People who identified as transgender, gender variant / non conforming or who preferred not to report their gender represented 2% of the total sample.

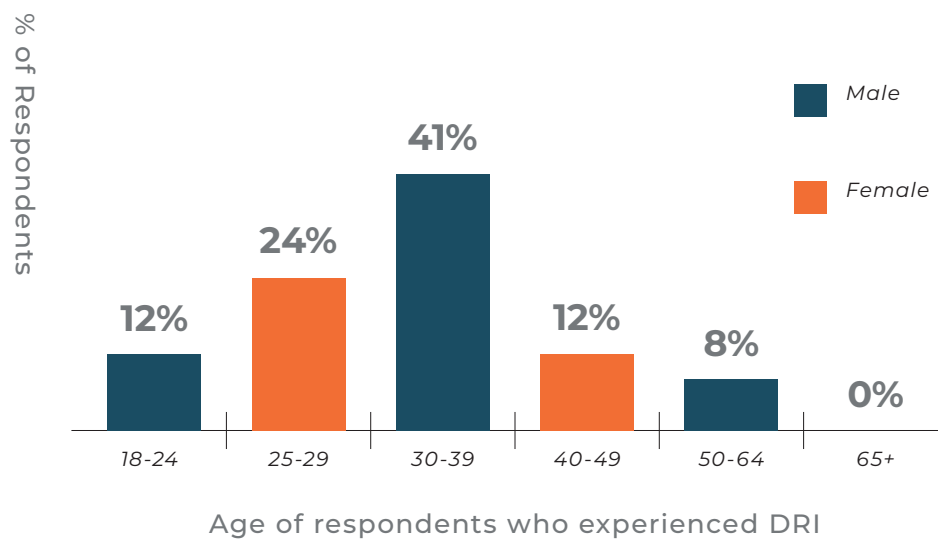
FIGURE 4: Experience of DRI by gender (Experienced DRI, n=49, did not experience DRI, N=247)



AGE

Experience of DRI was spread across age groups, as set out in the graph below.

FIGURE 5: Experience of DRI by age (n=49)



LABOUR MARKET STATUS

Fifty nine percent (29/49) of those who have experienced intimidation reported working for payment or profit, with 18% (9/49) unemployed and 14% (7/49) looking after family / home.

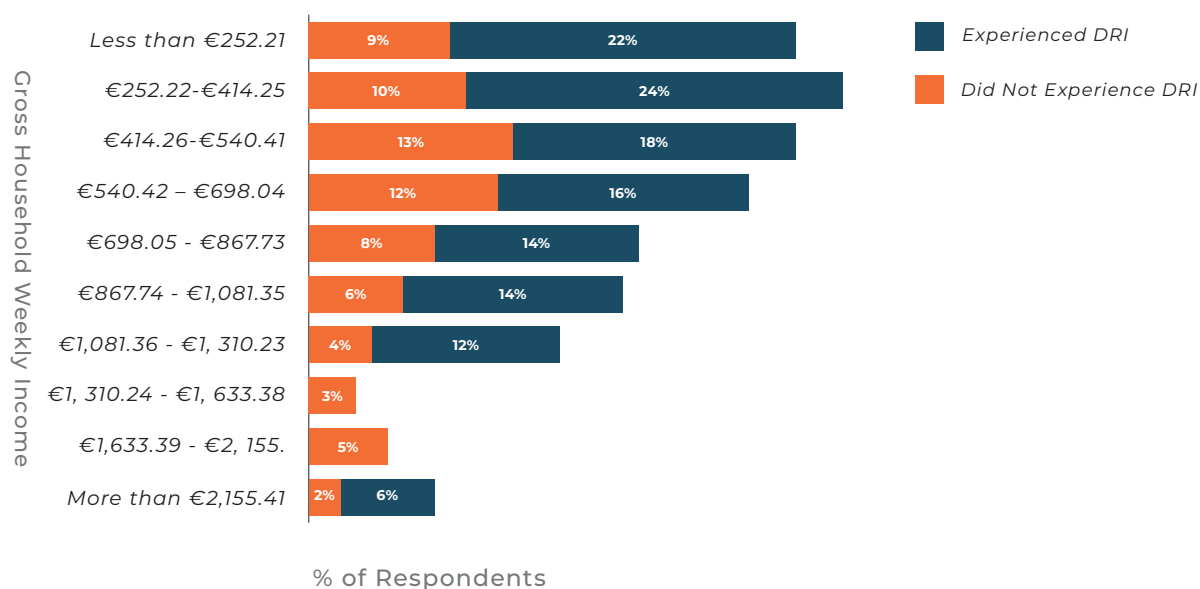
TABLE 2: Experience of DRI by Labour Market Status
(Experienced DRI, n=49; Did not experience DRI, n=247)

| | EXPERIENCED DRI | DID NOT EXPERIENCE DRI |
|--|-----------------|------------------------|
| Labour Market Status | % of Sample | % of Sample |
| Working for payment or profit | 59% | 79% |
| Looking for first regular job | 2% | 0% |
| Unemployed | 18% | 2% |
| Student or Pupil | 2% | 2% |
| Looking after home/family | 14% | 4% |
| Retired from Employment | 0% | 3% |
| Unable to work due to permanent sickness or disability | 2% | 3% |
| Other (please specify) | 2% | 5% |

INCOME

In addition, as outlined in Figure 7 (below), 47% (23/49) of those who had direct experience of intimidation reported household income of less than €414.26 per week, compared with just 19% (47/247) of those without such direct experience.

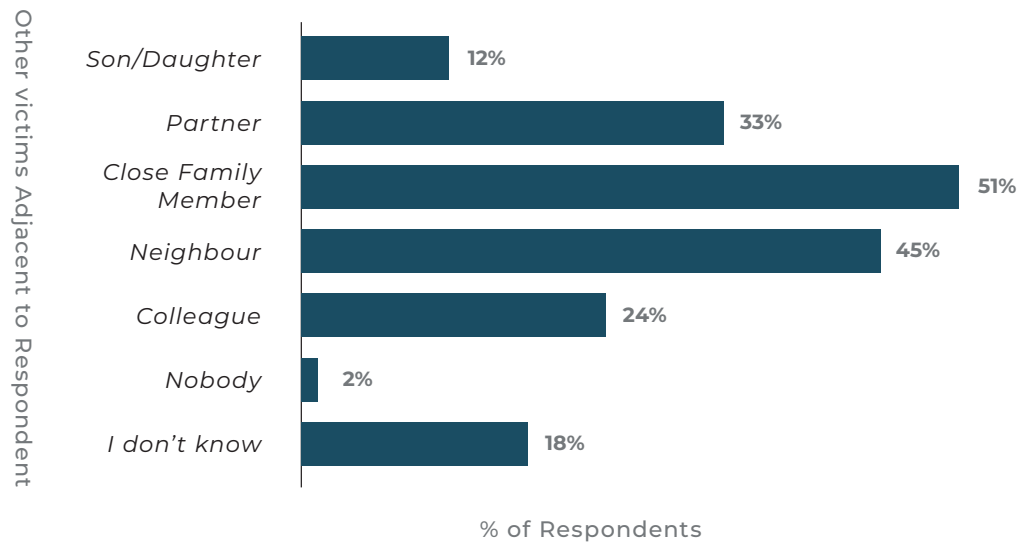
FIGURE 6: Experience of DRI by income
(Experienced DRI, n=49; Did not experience DRI, n=247)



ADJACENCY TO OTHER VICTIMS

Those who reported experiencing intimidation also believed that there were others in their family or community with similar experiences – 51% (26/51) reported that a close family member had also experienced intimidation with 45% (23/51) indicating that this was the case for a neighbour. The graph below illustrates other victims of DRI known to respondents who reported having experienced DRI themselves. Please note that respondents could select more than one type of person known to them.

FIGURE 7: Experience of DRI by knowledge of other victims of DRI (n=51)



RISK OF VICTIMISATION

Respondents were also asked to categorise groups of people in relation to risk of victimisation in the context of DRI from 'most at-risk' to 'least at-risk', and these categorizations are shown below in Table 3 which shows categories of people considered by respondents to be either 'at-risk' or 'most at-risk' combined. It is important to note that respondents could select more than one category of people.

TABLE 3: Categories of people considered most at risk of DRI by respondents, n=313

| CATEGORY OF PEOPLE | % OF SAMPLE |
|---|-------------|
| People who use drugs | 88% |
| Partners of people who use drugs | 80% |
| Parents of people who use drugs | 79% |
| Young people | 75% |
| People who sell drugs | 69% |
| Partners of people who sell drugs | 68% |
| Parents of people who sell drugs | 63% |
| Ethnic minorities | 47% |
| Single parents | 45% |
| Elderly people | 40% |
| People working in local businesses e.g., shops | 38% |
| People attending community support/drugs services | 34% |
| People working in community support/drug services | 30% |
| People attending local businesses e.g., shops | 28% |
| Other (please specify) | 5% |

As can be seen, with the exception of young people, survey respondents saw risk of victimisation as being elevated by engagement in, or adjacency to, drug markets. Similarly, participants of both the focus groups and individual interviews reported PWUD as being the most likely targets for DRI and described DRI as being part and parcel of using drugs. One focus group participant who was a support worker in a local drugs service expressed the view that:

- “anyone who is involved in drug use and uses drugs becomes a victim of intimidation from their dealer or from a drug-using friend at one point in their lives and I suppose a lot of the time, they’re not considered victims because they “brought it on themselves”...”
- (Focus group participant, person who works with PWUD and their families 1, female)

There were a number of reasons reported as to why PWUD were considered to be most at-risk of DRI, including debt accumulation as a result of drug use, particularly where the use is problematic:

“Because that’s another one that you’ll just... if you’re on coke, you’re going to be running up massive debts in no time. We would see that. Like the debts, like the amount of money I mentioned earlier... [€5,000] that would have been as a result of cocaine”

(Focus group participant, person who works with PWUD and their families 4, female)

Participants noted that people who use drugs such as crack cocaine are particularly exposed to becoming victims of DRI as people can use a lot more crack cocaine over a period of time than with other drugs getting themselves into “a massive amount of debt, really, really quickly”:

Similarly, parents of people who use drugs or parents of people involved in the drugs trade, predominantly mothers, were also seen as being at risk of victimisation. In all three focus groups, the majority of experiences of DRI that were discussed related to parents being threatened or harassed as a result of their son/daughter’s drug-debt:

“... but there’s always the part where they go running from the drug dealer and the family get the intimidation. The mother is targeted, they’re getting loans out of the credit union to pay for the drug debts. That’s the bit you don’t hear, you know”

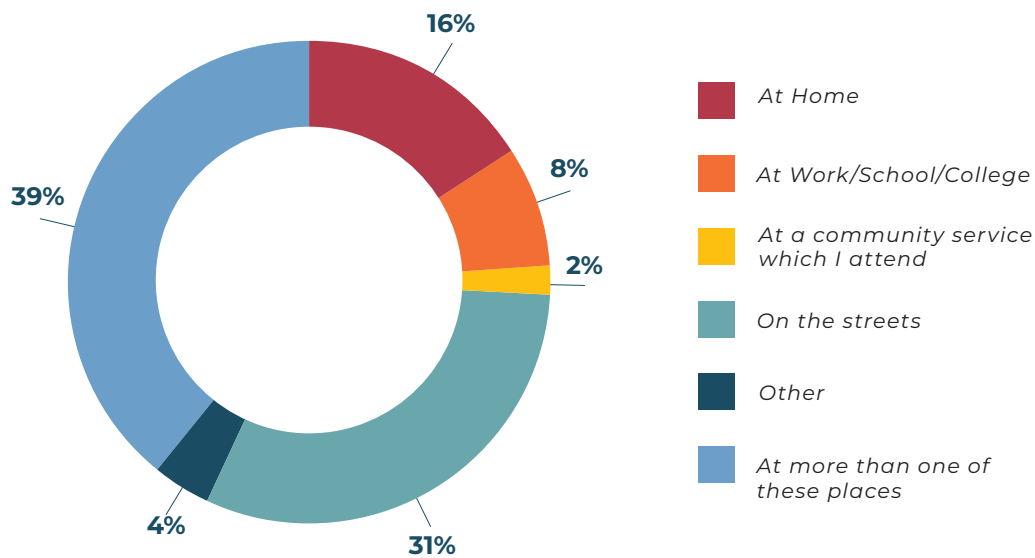
(Focus group participant, person who works with PWUD and their families 1, female)

THE WHERE AND WHEN OF DRI

Respondents to the online survey who had directly experienced DRI were also asked to specify the places and the time(s) when the intimidation experienced occurred. When asked where DRI took place, the respondents were provided with the following options; at home, at work/school/college, at a community service which I attend, on the streets, other. Respondents were able to select more than one of the places provided in their response. As outlined below, the majority of respondents 39% (20/51) selected more than one of the provided places for where their experience of DRI occurred. The second most common place where intimidation occurred was on the streets at 31% (16/51).

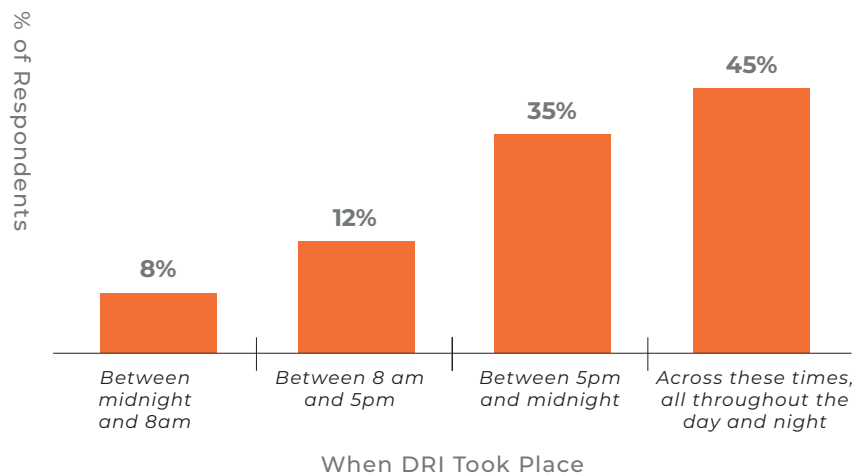


FIGURE 8: Where DRI took place (n=51)



In terms of times during the day when the intimidation took place, 45% (23/51) indicated that it took place around the clock, with 35% (18/21) indicating that the evening time (between 5pm and midnight) was the key time period. Much smaller percentages (8%; 4/51, and 12%; 6/51) specified the midnight to 8 am and 8am to 5pm timeslots, respectively.

FIGURE 9: When experience of DRI took place by percentage of sample (n=51)



The interviews and focus groups surfaced numerous reports of DRI being carried out at the home or opportunistically on the streets in situations where the perpetrator would see their victim and remind them to pay their debt or remain silent through verbal threats. Three interviewees had either experienced or witnessed incidents on the streets or at their home. One interviewee described the opportunistic, street-based nature of verbal threats and violence:

“...and I was gone up to the gym in [name of area] one day and I was at the traffic lights and... your man pulled up beside me and started shouting into the window into me and like, I was only shouting back at them like, “yeah, go on out of that” and when I got up to the gym, three of the cars boxed me in and got out and dragged me out of the car...”

(Interviewee 4, victim of DRI, male)

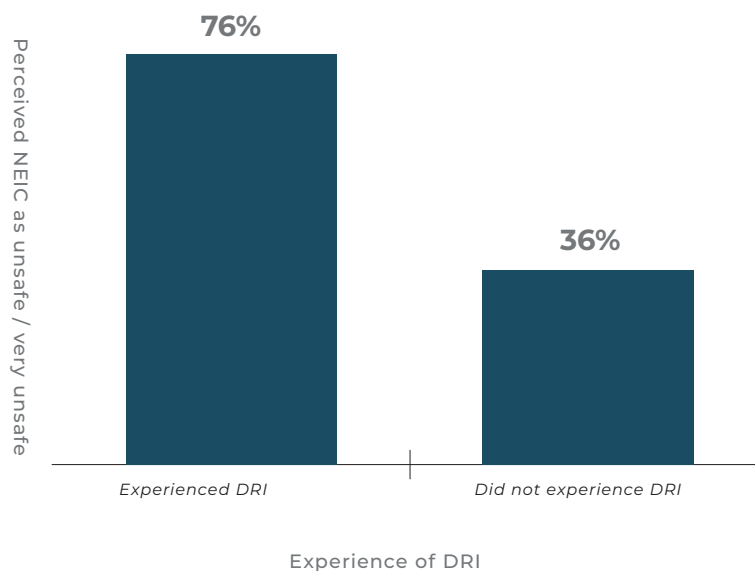
There were also examples of threats being carried out over the phone, something that was also noted in the survey data where one participant reported being threatened over the phone, and other through the snapchat application. One interviewee recounted a threat linked to a territorial dispute:

“and I remember someone had rang my girlfriend, rang the house at the time and eh... I don't know how they got the number but they got the number and they rang the house and they said “has your boyfriend got a medical card? If he keeps selling his hash over here, he is going to need one”...”
(Interviewee 1, victim and perpetrator of DRI, male)

PERCEPTIONS OF SAFETY AND COMMUNITY

Respondents to the survey were also asked some questions about perception of safety in the NEIC area, along with questions around awareness and trust of services in the community which might be able to assist people experiencing DRI. On the question of safety, 41% (165/397) of respondents thought that the NEIC area was ‘unsafe’ or ‘very unsafe’. There was a noted disparity between those who had experienced direct intimidation and those who had not, with 76% (38/50) of those who had experienced intimidation believing the area to be unsafe or very unsafe, compared with 36% (126/346) of those without a direct experience of intimidation. In total, 61% (181/269) of those respondents who felt the area was unsafe, very unsafe, or somewhat unsafe believed that this was the case at any time, or at a combination of times.

FIGURE 10: Perception of the NEIC as unsafe/very unsafe by experience of DRI (Experienced DRI, n=50 and Did not Experience DRI, n=346)



Respondents were also asked to rate their awareness and level of comfort engaging with a range of named services.



TABLE 4: Awareness of, and willingness to engage with, various services around DRI (n=313)

| SERVICE | AWARENESS | COMFORT ENGAGING |
|---|-----------|------------------|
| Local Community Guard | 79% | 49% |
| An Garda Síochána's National Drug-Related Intimidation Reporting Programme (NDRIRP) | 33% | 33% |
| The National Family Support Network | 29% | 33% |
| The Drug-Related Intimidation Initiative (DRII) | 44% | 41% |
| Local Drug and Alcohol Task Force (LDATF) | 26% | 27% |
| Local Community Services | 48% | 45% |
| None of the Above | 12% | 19% |

As can be seen, just one third (33%; 103/313) of respondents were aware of the National Drug-Related Intimidation Reporting Programme (NDRIRP), the service operated by An Garda Síochána and the National Family Support Network with a focus specifically on DRI. However, almost 4/5 respondents were aware of the community Gardaí in the area. In general, there was little difference between respondents' awareness of a service and their willingness to engage with that service. Again, the exception is local community Gardaí where 79% (247/313) reported being aware of this service but only 49% (153/313) reported that they would feel comfortable engaging. Despite this low ratio of comfort to awareness, it is notable that the raw comfort figure for the community Gardaí (at 49%) is still higher than that for any other service.

It was clear from both the focus group and interview data that both perception of the NEIC community itself, and perception of the level of safety in the NEIC have changed over the years. There was frequent mention of increased feelings of unsafety coupled with both a reduced sense of community spirit, as well as a shift in attitude towards the drugs trade in the NEIC in recent years. When describing the NEIC from the 80s and 90s, both the focus group and interview discussion painted a picture of a strong and resilient community, notwithstanding significant levels of drug-related crime during this period. Participants depicted the NEIC as a place where "neighbours would sit out" and "residents stuck together". When describing the present day NEIC, the participants illustrated how people no longer sit outside or interact and engage with their neighbours or community because they are "too afraid". One focus group participant and ex-resident of the NEIC community had the view that over the years in the NEIC "the sense of community is slowly getting taken away". This view was commonly held across the participants involved in the research. One interviewee described the current situation in the following terms:

: "People are afraid to let their kids out on the street nowadays, like, there's shoot-
 : ings every week happening in Ireland. So, people would be worried about the
 : people that their sons and daughters are starting to hang around with. Like, I
 : know, I would be concerned now, if I had children and they had to... play out... like,
 : if you're looking at buying a house, like inner-city wouldn't be the area you would
 : look to buy... over, over all the stuff that's going on"
 : (Interviewee 2, victim of DRI, male)

When participants were questioned in more detail around why they believed the perception of the community and safety in the NEIC has changed, a number of subthemes emerged:

- Vandalism and destruction of community property
- An increase in the level of violence associated with the drug market in the NEIC
- The increased presence of open drug dealing in the NEIC
- Normalisation of the drugs trade
- Confidence in policing

VANDALISM AND DESTRUCTION OF COMMUNITY PROPERTY

The vandalism and destruction of community facilities and structures came up as a common reason for a negative shift in perception of the NEIC community in recent years. The majority of focus group participants agreed that the destruction and sometimes subsequent removal of elements of the community that once contributed and brought pride to the community was a major factor in altering community spirit and perception. One of the focus group participants believed that the NEIC area was “left to go to rag and ruin”. The focus group participants highlighted a number of incidents such as the arson of community education and training facilities which in turn has adversely affects residents who wish to engage in education and improve their lives. Also mentioned were incidents such as the arson of a local children’s playground and the vandalism of a statue, which was all believed to have been linked to local drug trade members in the area attempting to interfere with CCTV coverage. It was a common complaint across all of the focus groups in particular that “every bit of equipment” invested into the NEIC community was subsequently destroyed by members of the drugs trade. The following quote encapsulates this point:

“I can’t remember, but so much money into the cameras of the area, they put an awful lot of money into the cameras. So, what they’re doing now is they’re paying the younger people to smash a car and blow it up like, so that the camera would be... now, I heard Luke Kelly was... that was the reason why Luke Kelly was done, was because the camera is facing down towards [name of street] and if they got the camera turned around on to Luke Kelly... that everyone was saying, “aw, it should be watching Luke Kelly, the camera should be on Luke Kelly”. They actually paid someone to go over to destroy Luke Kelly seven times!...so, the camera would turn towards that area and not down the other area”

(Focus group participant, person who works with young people 6, female)

DRUG MARKET VIOLENCE

Participants across the focus groups and interviews were undivided in their view that the nature of drug-related crime and intimidation in the NEIC has increased in violence in recent decades, contributing to widespread fear in the community and a shift towards a community perception of unsafety. One youth worker mentioned how “there’s more access to weapons” and incidents of young people “producing firearms” were occurring more and more in the NEIC. The increase in the use of serious weapons such as guns in drug-related crime was raised on a number of oc-



casions. One interviewee compared the difference in the level of violence in the NEIC from over two decades ago to the present day:

“back in the time where I was talking about, it would be punches, but now it’s...
knives and guns, which is really sad!”
(Interviewee 2, witness of DRI, male)

It was clear from the narrative across the board that in recent years, more serious forms of physical violence such as “shooting people” were used as a means of intimidation and of resolving drug debts. Another point raised throughout the interviews and focus groups was an increase in the level of ruthlessness associated with drug-related crime in the NEIC, contributing to community-wide perception of unsafety. It was believed that the ruthless nature of drug-related violence in the NEIC was now being extended to victims that would have been previously considered “off bounds”.

One interviewee who was historically engaged in drug-related crime recalled:

“eh... it was funny, although we were criminals and done what we done, certain people were off bounds you know what I mean, girls, people’s houses, older people, people’s partners, kids, they were all off... of limits, you know...I know that’s changed now, like”
(Interviewee 1, victim and perpetrator of DRI, male)

When asked why they believe the level of violence associated with the drugs trade in the NEIC has increased in recent years, both focus groups and interview participants saw money as a driving factor. One interviewee remarked:

“...debts are getting higher because the kids getting involved in the drug dealing want more expensive clothes and nice cars and the big things, where, back in our day, someone would be just doing it to fund their own habit”
(Interviewee 2, witness of DRI, male)

Thus, the possibility of earning significant amounts of money at the street dealing level of the drugs trade may help to explain any increase in associated violence. One interviewee believed that “money is king today” as the amounts of money that could be made was increasing, while the value placed upon people’s lives was decreasing.

Another insight derived from the qualitative data was the belief that the continuous reports of violent crime in the NEIC from the media, coupled with residents frequently reading these reports, has contributed to the overall perception of unsafety in the community:

“Everyone reads Sunday World and they read the tabloids and these people have been made into almost comic book characters, like everyone has these like characters and people... whereas, back then, I don’t know if it was the same but it’s

like, people have this aura around them like, well “they’re not to be messed with, they’re not to be touched like, you don’t wanna go there, don’t touch any of that.”

(Focus group participant, person who works with PWUD and their families 3, female)

The increase in the violence associated with drug-related crime and intimidation such as shootings has also brought with it new measures from statutory agencies aimed to address such crime. One interviewee described how as a child in the NEIC, he would be surprised to see an emergency response unit in his flat complex, whereas nowadays children would often see “maria vans” and “guards driving around with guns”.

OPEN DRUG DEALING

Data from the focus groups also reveals young people may be reluctant to engage in their community and with local services as they fear the presence of open drug dealing. A local youth worker highlighted:

“..we would have young people, at quite a young age, coming in talking about not feeling safe in the area and they wouldn’t have any connection with drug dealing per se, or anything, but they see it everywhere”

(Focus group participant, person who works with young people 1, female)

One participant noted that young people can be considered victims of low-level intimidation where there is a continuous and overt presence of drug-related activity in the community which they avoid because they do not want to appear to be a witness or become implicated in it:

“Particularly, for young people, like they might not know how to express that, you know. Some of them are quite young and eh... I’ve noticed like a couple of young people that they’ll withdraw and stay in their house all the time because the drugs are openly sold out on the streets. So, it’s better to stay in then go out and be witness of it, do you know what I mean? Now they don’t, they probably don’t know exactly what DRI is at that stage, you know, but they’d rather stay at home then go out and observe it, I suppose, you know”

(Focus group participant, person who works with young people 3, male)

There was recurrent mention throughout the focus groups of residents and workers frequently changing their routes and avoiding specific parts of the NEIC where they knew there were groups of people engaged in drug-related activity because they “don’t want to witness anything”. A support worker from a local drugs service highlighted an incident where a group of young men were hiding drugs as she walked past:

“...and I just kept walking because I think, he thought, “she’s going to ring the police on me” and then they’d have me and then they’d have another victim. I didn’t, I just kept walking. I was like, “that’s not my job, that’s the police’s job”...”

(Focus group participant, person who works with PWUD and their families 3, female)



There were numerous examples of residents in the NEIC circumventing specific areas where they were aware drug dealing or drug-related activity was taking place so as to avoid becoming a witness. It was even highlighted that some residents of a specific flat complex were afraid to enter their underground car park to get into their car in case they witnessed drug-related activity:

“Yeah, silver bullets, they’re in eh... [name of complex], underneath the carpark. The youth are constantly there every weekend and they’re taking these. People who have cars down there are afraid to go down to their car, so, they’re probably getting a taxi. Just think of the madness in that!! But this is where they’re congregating...”
(Focus group participant, person who works with PWUD and their families 2, female)

One focus group member expressed feeling unsafe despite her historical connection to the area. Her perception of unsafety is captured in the following statement:

“I’ve even changed me time and I usually change me route as well now where I’m not walking by the park because there’s gonna be dealing or there’s gonna be a load drinking there, so there’s all these kinda little things that somebody from the area would actually feel. Yeah, I would say it’s unsafe, very unsafe and from listening to residents’ groups and listening to the community, there’s so many people that really and truly do feel unsafe. They go out in the morning and do their shopping and lock themselves in the door. What sort of lifestyle or quality of life is that?”
(Focus group participant, local support worker for PWUD and their families 2, female)

THE NORMALISATION OF THE DRUGS TRADE

Another subtheme that emerged under the theme perception of community and safety was the normalisation of the drug trade. One interviewee who was resident in the NEIC since he was a child expressed how drug-related activity was part and parcel of his life growing up in the NEIC:

“we knew what was going on, so you’d see peoples’ houses getting raided and you’d say, “aw, someone’s house is getting raided” and you’d run to the next block and see it or you’d see people selling drugs but it was kind of normalised in the area we grew up in...”
(Interviewee 2, witness of DRI, male)

According to the focus group participants, drug-related activity has occurred openly in the NEIC for “so many years” and with “so many generations” that people have developed the attitude of “it’s here to stay, it ain’t going away”. One focus group participant highlighted that people have come to accept forms of anti-social behaviour and drug-related activity occurring close to their homes to the point where they are making statements such as, “ah, it’s just the lads dealing” or “ah look, they’re only smoking weed, leave them alone”. The same focus group participant said this attitude towards drug-related activity is very different to what he remembers from growing up in the area:

“because years ago, you know, you seen addicts with needles in their hand you’d surely run in and ring the guards and say, “if my kid goes out and that needle sticks in em”, you know? it’s getting more and more socially acceptable”

(Focus group participant, person who works with young people 2, male)

For focus group participants, the normalisation of drug-related activity in the NEIC in recent decades was in part attributed to the existence of large families who have a large network of extended family members. Participants believed that as a result of large families in the area, the drugs trade has “creeped into every single family” in some way or another. A support worker from a local drugs service highlighted this:

“but now, it’s all family-related, they’re all in the one area, they’re all doing it... so it means that, the community won’t come out to go against the drug-selling because it’s all their own in the community that’s doing it”

(Focus group participant, person who works with young people 6, female)

There was also a belief that because families are so large there is a divide whereby some family members are “colluding” and “benefitting from the trade”, while other family members do not support the activity but will not speak out against it for fear of looking hypocritical or being ostracised or victimised by family members. A local youth worker put it succinctly:

“...how do you go out and campaign against it if, hang on... you smoke something or your brother sells this or your sister does this? Then you’re being called a hypocrite and your windows will be put in twice as quick and you’ll be intimidated twice as quick!”

(Focus group participant, person who works with young people 2, male)

Other factors cited across the focus groups and interviews as reasons for the normalisation of the drugs trade in the NEIC was the continued involvement of young people into the drugs trade, and the embedded nature of the drug economy. On the former point, one participant noted that those involved in running drug markets were “getting the kids younger”. On the latter, there was a perception that the contribution of the local community to this market through the purchasing of drugs and other items also contributed to normalisation:

“So, that’s part of the problem as well... eh... an extension of the drug issue in the area is...people aren’t selling things if nobody is buying them. People in the area are buying them. You’d be sitting in the pub at the corner there and somebody comes in with a bag and goes, “here, who wants this hoody?” and people are putting their hand up...”

(Focus group participant, person who works with young people 5, male)

One very interesting insight from the qualitative data was the normalisation of specific drugs in comparison to others. One focus group member reported:



“They’re selling tablets and they’re saying to ya... like, I often hear the conversation and they’re saying, “oh no, it’s grand, they’re prescribed drugs”, they’re saying...”
(Focus group participant, person who works with young people 6, female)

Another focus group member highlighted the difference in the level of normalisation between cocaine and heroin in the NEIC:

“If you’re using heroin, you’re a “junkie”, you’re a “scumbag”, you know? And I worked with loads of people, where one [heroin] is terrible and one [coke] is real blasé, do you know?”
(Focus group participant, person who works with young people 4, male)

As noted previously, there was frequent reference throughout the focus groups to the belief that drugs have become “entrenched in the economic survival of the community.” One local community coordinator noted that there are underlying reasons for this, citing “generations of neglect of a community” and “people being very powerless” as driving participation in the drugs trade. Similarly, one interviewee gave an account of the reasons that lead him to becoming involved in the drugs trade:

“I was highly dyslexic you know, didn’t know that at the time... and em... I left school with no education whatsoever... and at the time, in the 80s, there was a bad recession, so they were looking for Leaving Certs to pack shelves in Dunnes you know and I hadn’t even got a Junior Cert or Inter Cert as it was at the time, I think the Group Cert was still out at the time, but I had none of that, so, I fell into selling hash in the area”
(Interviewee 1, victim and perpetrator of DRI, male)

The same interviewee described how when he was involved in selling drugs, although members of the community frowned upon the drugs trade in one sense, they also relied on it in another sense:

“there was the other side of it as well... em... and then like you were giving people work”
(Interviewee 1, victim and perpetrator, male)

This interviewee went on to describe the conditions of the lives of young people in the NEIC at the time when he was recruiting people into the drugs trade:

“you’re dealing with a demographic profile that had no educational attainment, do you know what I mean? In the areas... they had no means...to work... you know... and you’re giving them work like, you know what I mean? Em... even the lads used to sell in the field and say I’d give them 20 quid a night and a 10 spot of hash for themselves, do you know what I mean? Which was like 140 pound like, I think the dole at the time was 80 something or 90 pound or something and they were getting their bit of hash as well.”
(Interviewee 1, victim and perpetrator of DRI, male)

There was a general belief across both the interviews and focus groups that conditions in the NEIC for young people and families remained challenging. Participants noted that pathways to opportunities for young people “have failed them and continue to fail them”. Participants understood there to be pockets of the NEIC where the drugs trade is so deeply embedded that residents “don’t have any faith that there’s a pathway out of it”. Some participants also noted that while support services in the area are able to offer educational programmes and internships from time to time, they are often “tokenistic” and offer “no real qualification” or “any job opportunity”. It was also suggested that when young people in the NEIC are presented with opportunities for education and employment, they are often overshadowed by the accessible and lucrative option of a role within the drugs trade:

“You can do all the interventions in the world, you can have all the clubs or whatever, but like, if what they see every day, day in, day out is this [people selling drugs]... and people succeeding from it, going on foreign holidays, having nice clothes and then, also, if they’re struggling in school... so, education isn’t getting them anywhere and they’re unhappy in it and miserable in it, then that [the drugs trade] is the career of choice.”

(Focus group participant, community worker 2, male)

Participants were generally of the view that there is a visible cohort of some people in the NEIC that “seem to be making a lot of money” from the drugs trade and this can make the option of entering the drugs trade very attractive for young people”. This can be exacerbated by the fact that “there’s not very many adults to look up to that are doing well in life” while others can be perceived as living “prosperous” lives through selling drugs, making it seem like “a good way to live your life”. One focus group member noted that:

“They’re looking at them in the cars, they’re looking at them in the new clothes, they’re looking at them with money in their pocket. What is the state offering them?”

(Focus group participant, community worker 2, male)

There was also a sense that young people in the NEIC can feel “segregated” and “othered” which could increase the likelihood of them entering into the drugs trade. Despite the large scale redevelopment of the docklands in recent decades bringing opportunity, it also provides a stark contrast to other parts of the NEIC, and for some can be perceived as causing social inequalities to become “more in your face”:

“If you’re growing up, especially in this area and you’re looking at that IFSC and you’re seeing the wealth all the time and you’re seeing... you walk along to where the financial thing is and they’re all sitting out and it’s all so cosmopolitan and... and then you’re going back to a little flat and everyone is unemployed and in and out of prison. It’s like, “how can I get a start in life?”, do you know?”

(Interviewee 4, victim of DRI, male)

This interviewee also noted that when young people from the NEIC attempt to integrate into the professional world which exists alongside them, the odds are “stacked against them” as



many of the companies located in the IFSC and docklands area are “asking you for your Junior Cert or Leaving Cert” or are recruiting through “employee referral schemes”. He posited, “sure, who from [names area] or a Traveller is going to be able to get someone from Facebook to give them a reference?”

Comments such as these highlight that while young people in the NEIC may not feel equipped with the social capital to access opportunities in the IFSC, they often feel fully equipped with the capital to access opportunities in the drugs trade. One interviewee highlighted how “the environment creates the apprenticeship” and discussed how the skills obtained through growing up in the NEIC prepares young people for entry to the drugs trade:

“...you know like, kind of, how everything works, what way the guards are... em... like, you could literally, like even... I’d even joke about this, like you can even spot... like you can spot an undercover guard, like.”
(Interviewee 4, victim of DRI, male)

CONFIDENCE IN POLICING

Another subtheme was the level of confidence in the community in the capacity of the Gardaí to keep the NEIC community safe. In this, there was a recognition that policing the area can be challenging and intimidating in and of itself:

“I think... I think that maybe the guards feel intimidated as well from my own experience of talking to the guards. Some guards are not comfortable doing it.”
(Focus group participant, person who works with young people 2, male)

Many focus group members expressed sympathy for the difficult role held by the police in keeping the NEIC safe, noting that “it’s not fair” on the police “to have to come down and deal with them situations”. There was a general perception that the police were understaffed and under-resourced to deal with the levels of drug-related crime in the NEIC area. The participants also believed that while on one hand, a couple of Gardaí should not have to deal with challenges such as intervening with large groups of people engaged in drug-related activity and DRI, that by not stopping and intercepting these large groups of people, there could be a perception in the community that drug-related crime and DRI was not being addressed when that is not necessarily the case:

“You are kind of saying to yourself, “well, if that’s the guards and they can’t contain them and they can’t move them and they can’t stop them, then what hope has a resident or community then?”
(Focus group participant, person who works with PWUD and their families 2, female)

There was also a belief that those involved in intimidation didn’t fear police intervention:

“They don’t care... I don’t think they fear the police, they don’t care about the police. Especially in the area where I work. They don’t even fear the police. So, I think the police coming into the area doesn’t frighten them”
(Focus group participant, person who works with young people 6, female)

It was noted earlier that public interaction with the Gardaí could be a risk factor for DRI in itself, and one focus group participant also noted how police interactions with community members can be perceived as focusing on easy targets:

“There’s another side to the intimidation as well, you know, that... participants I work with are intimidated by the guards who are stopping and searching them. Whereas, we are seeing people dealing on the streets more but they’re stopping participants who are going into class who have nothing on them and they didn’t have anything on them the day before or the day before or the day before because... the lads I work with are easy stops”
(Focus group participant, person who works with young people 5, male)

The participants believed that these types of interactions between young people and the Gardaí in particular, cause a lot of “bitterness” as young people can perceive that:

“they’re stopping and searching us and they’re not doing anything about the drug dealings going on, on our street that everyone knows about”.
(Focus group participant, person who works with young people 1, female)

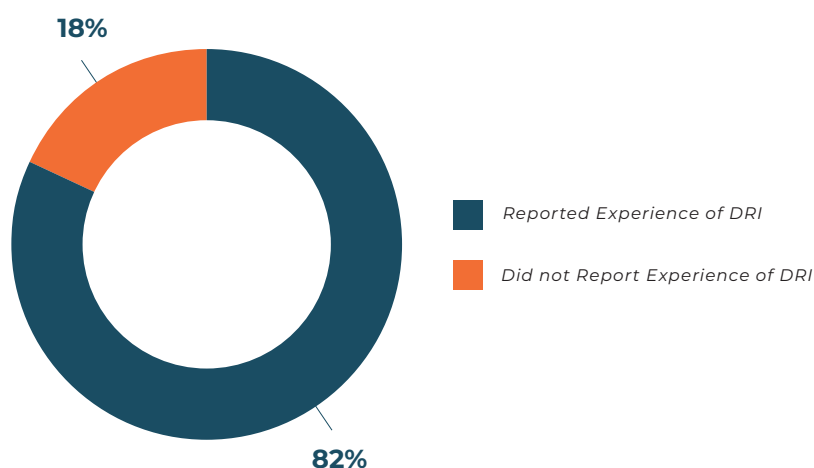
However, it was also clear that there was no fear or animosity towards the Gardaí generally. One focus group member recounted reports from family members that they fear a dealer knocking on their door much more than if the Gardaí came knocking. As one interviewee noted:

“...and I didn’t like it because, my son called me a “rat”. He said, “you’re a rat”, you know. And I looked, like... what is a rat? You know. To be quite honest, I’d rather have a cup of tea with a guard than some of the cunts out there today, that’s the truth”
(Interviewee 3, victim of DRI, male)

RESPONSES TO DRI

Respondents to the survey who had direct experiences of DRI were asked if they had reported the experience to anyone. Reporting rates were low, with only 18% (9/51) doing so, and 82% (42/51) not reporting at all.

FIGURE 11: Incidence of Reporting of DRI by percentage of sample (n=51)



Those that did report were asked to whom they reported, with the option to select more than one reporting choice. Of the 51 respondents who answered this question, only 8 respondents reported the incident to An Garda Síochána, with 2 respondents reporting to another statutory agency and 1 each reporting to a TD/ Councillor or to a community / voluntary sector agency. Three respondents reported elsewhere, one of which reported to a 'family involved in crime to make it stop'.

Turning to the larger cohort – the 42 respondents who did not report – 67% (28/42) indicated that they did not do so because they were afraid the person they were reporting would find out and seek revenge. The 26% (11/42) of respondents who selected 'other' could also give a free text response to this question and fear was clearly evident here too, with three responses being 'I'd like to stay alive', 'My son would have being [sic] sliced up' and 'I was in fear for my family'. The table provides a breakdown of reasons for not reporting incidents of DRI by percentage of sample of self-reported victims of DRI.

TABLE 5: Survey Participants' Reasons for not Reporting (n=42)

| REASON FOR NOT REPORTING | % OF SAMPLE |
|---|-------------|
| I was afraid the person I would be reporting would find out and try to seek revenge | 67% |
| The person intimidating me was a neighbour and I would have had to live in close proximity to them after I reported | 21% |
| Someone close to me owed money from using drugs and I did not want the information to get out in case they got in trouble | 19% |
| I owed money from using drugs and I did not want the information to get out in case I got in trouble | 19% |
| I was concerned that reporting the intimidation would affect my tenancy | 19% |
| I was concerned that reporting the intimidation would affect my social welfare payments or employment status | 12% |
| I owed money from selling drugs and I did not want the information to get out in case I got in trouble | 7% |
| I was concerned that reporting the intimidation would affect my immigration status | 5% |
| Someone close to me owed money from selling drugs and I did not want the information to get out in case they got in trouble | 2% |
| The person intimidating me was a family member and I did not want to get them in trouble | 2% |

A concern that nothing would be done about any report that might be made was not given as a specific option, but was evident in the free text responses, where one respondent noted that 'the guards could do nothing as there was no evidence that they caused the damage' and another noting that they 'feel like not reporting as it's not taken seriously'. The danger of processes flowing from reporting inadvertently raising risk to victims was also raised with one respondent noting that they '[h]ad reported similar to police before and they brought the person to my home for me to identify. I was not willing to take that chance and put myself and family at risk.'

Similar themes were also apparent in the qualitative data. In the context of the hard choices facing people actively experiencing intimidation, these can perhaps be best understood by reference to three main categories of action – reporting, paying and leaving.

REPORTING DRI

From the majority of incidents of DRI discussed throughout the focus groups and interviews, it was evident that when people experienced DRI, they did not tend to report the incident to the Gardaí or another statutory service in the NEIC area, similar to what was seen in the survey data. The main reason why victims of DRI did not report the intimidation to the Gardaí was because they feared that the perpetrator of intimidation would find out and seek revenge and that the levels of DRI were "going to get worse". A local support worker in the NEIC stated:

“So, there's one thing of having easy access to report things, of having somebody that will come when it's reported, but then it's the intimidation that will come afterwards because after this incident, they'll come back the next weekend and the guards won't be there, DCC won't be there, could be 3 o'clock in the morning and peoples' windows and doors have gone through, spray painting...”
(Focus group participant, person who works with PWUD and their families 2, female)

The knowledge that the statutory services could not constantly be around was also an issue which was adverted to as a barrier to reporting:

“Now, you can report these things that's fine but if you're going to report something, again anybody comes... DCC, the guards like, they're gone! Do you know what I mean?”
(Focus group participant, person who works with PWUD and their families 2, female)

The focus group members also indicated that people may not be reporting incidents of DRI because they had no proof of the incident taking place, perhaps due to CCTV cameras not being pointed in the direction of the stairwells or homes where the intimidation was being carried out:

“so... it's like someone I work with went to them and do you know and they said, “the camera wasn't on it” and she said, “the camera was meant to be pointed there” and somehow it just got pushed like, down, and missed the whole incident”
(Focus group participant, person who works with PWUD and their families 3, female)



Another factor cited as to why residents may not report incidents of intimidation to the Gardaí or another statutory service was that they believe that the incident will not be treated seriously. One interviewee spoke about an incident of DRI he experienced as a child:

“But then, after that, they didn’t really go any further... it was like they didn’t treat it seriously, the way say... if that happened say out in... a different area. Like, they didn’t really follow up with us except for one or two guards out of their own personal concern rather than a direction that they were getting from it.”
(Interviewee 4, victim of DRI, male)

When speaking about reporting incidents of low-level intimidation and anti-social behaviour in which they are not directly targeted, participants believed that residents of the NEIC still may not report due to fear of reprisal:

“And if they do [report], and your light is even seen on the guess whose window goes in?”
(Focus group participant, person who works with young people 2, male)

Here, it is interesting to note that reprisals need not be as extreme as violence against property or person. It could be as simple as someone being labelled a “rat”:

“It’s where you live as well, do you know what I mean. Like, if you get tarred with the name “rat”, it’s an awful one. You know... like really, it’s not just one person, the whole family start to hear it”
(Focus group participant, community worker 1, female)

Notwithstanding these issues, it is important to note that despite incidents of DRI not being reported, this did not mean that there was not a desire to do so. One support worker expressed that the families whom she has supported with incidents of DRI, “want to get it off their chest” and “want to share the information” but they are “really paranoid” and “in fear”.

One interviewee, when asked what he thought would be a good way of getting victims to be more engaging and to report incidents of DRI, responded:

“well, I would have the meeting in a neutral venue so it wouldn’t be a police station or it also wouldn’t be their home. I wouldn’t have the guards in uniform. I would have... em... yeah, I don’t know what way, but I would have, like the setting we’re having now... just having a discussion, explaining to them that everything isn’t going to be reported and that we are just here to assist you and it’s not always questioning you but it’s the support that we can provide to you. I think, if it was that kind of setting, it could be a lot better.”
(Interviewee 2, witness of DRI, male)

This particular quote was very striking as it effectively describes the fundamentals behind the operation of the Drug-Related Intimidation Reporting Programme run by An Garda Síochána and the National Family Support Network. According to both the focus groups and interviews, when people did feel comfortable reporting incidents of DRI in the NEIC, it was usually to a local community service or to the National Family Support Network. An interviewee described the type of service he, as a parent of a person that used drugs, wished was available during and after his experience of DRI:

“...you know where you have loads of 12 step programmes, you know AA, NA, GA, Sex Anonymous, but maybe some kind of programme that people [Family members] can come and like... like a group, come and talk about their pain once a week or maybe just to start off that once a week that they can come and talk about their pain and how they're coping and someone... the facilitator can say that, you know, well you can sit down and say, yeah... “this is what I'm struggling with” and someone can... and someone can say, “well, this is how I dealt with it”. People need hope in bleak times and it is very bleak times when you're being terrorised.”

(Interviewee 3, victim of DRI, male)

It was also noted that when it was in existence, people experiencing DRI felt comfortable reporting to the Community Policing Forum (CPF). Across both the interviews and focus groups, the loss of the CPF in the NEIC was described as being a loss for the community in terms of supporting families to report DRI:

“It was really easy to get people in to talk to, you know, the CPF. Now, it's a massive struggle for people with trust issues. Which is... look it, I think we are talking about it all... eh... all morning but with the CPF, it was just a massive loss, especially around DRI”

(Focus group participant, person who works with PWUD and their families 2, female)

The CPF was perceived as creating a bridge between the community and local community guards. Participants across the interviews and focus groups felt that the NEIC had some “really great”, well regarded and trusted community guards but that “people are not willing to stop and talk to them” publicly and, in this context, the CPF created an environment where this engagement could take place:

“...some of them in the past were really good and they probably came from working with the CPF, you know, they'd probably drop in there and have a chat and they advise”

(Interviewee 1, victim and perpetrator of DRI, male)



PAYING DRUG-RELATED DEBTS

From the qualitative data, it was clear that, in many cases, paying the drug-related debt was the go-to resolution for victims of DRI in the NEIC. There was reference to a variety of different amounts of drug-related debt ranging from €450 for owing money from buying drugs for personal use to €15,000 for having drugs seized by the Gardaí. There were a number of different methods of repaying the debt cited throughout the interviews and focus groups, the most recurrent being loans from credit unions or friends and family:

“They go to the credit union; they get it from wherever they can”
(Focus group participant, person who works with PWUD and their families 4, female)

There was also reference to victims selling their belongings to raise the money to pay drug-related debts:

“They’re selling their cars... most people, you know, they’re in little jobs, some of them have cleaning jobs and someone was able to buy a little car and it cost 2 or 3,000, you know, they’re coming from probably where they never had anything in their lives and their little car is their little goal and now they have to sell that car, now they have to borrow money and it’s like, they’re left with this peer pressure, right?”
(Interviewee 3, victim of DRI, male)

In addition, some participants referenced people “working off” the debt through engaging in drug-related activities such as holding or transporting drugs. While in a number of cases, repaying the drug-related debt seemed to have resolved the issue and “that was the end of it”, none of the focus group participants believed that repaying the drug-related debt was a good solution to DRI. One focus group participant noted that once a victim paid the debt, there was no guarantee that this would bring an end to the intimidation:

“because if you pay that debt, you then are giving a message out to these people to say “you can come to me and you’re going to get money”, you know so, that’s a very sound argument, do you know? Em... and of course, it depends on the amount of money as well, like if it’s a small debt, I don’t ever tell people what to do, but if it’s a small debt, you are better off not paying that debt because if they feel that they can reel you in at all...”
(Focus group participant, community worker 1, female)

Getting trapped in a cycle of ongoing repayment long after the initial debt has been paid was presented as a real risk, and one that takes an obvious toll on struggling families:

“...there’s several families that I’ve been working with over the years and they’re just exhausted from getting loans. They’re actually exhausted paying the money, they’re exhausted throwing out a family member, you know? And it’s still coming to them”
(Focus group participant, person who works with PWUD and their families 4, female)

Participants noted that the debt recovery strategy was often geared towards making any final resolution difficult for victims. Perpetrators were reported as often giving victims extremely short windows of repayment and the levying of extortionate interest rates for late repayment debts:

“And then this new thing and it’s a big thing, like if you owe 2,000 pound and you haven’t got it, now they’re like banks and they’re putting taxes on it... it’s going up an extra bit because you didn’t pay on time...”
(Interviewee 3, victim of DRI, male)

LEAVING THE NEIC

There were a number of other resolutions used by victims to escape DRI in the NEIC, including abandoning the home and leaving the NEIC area. A support worker from a local drugs service highlighted how she had to support a family living in “dire, overcrowded conditions” after they abandoned their home in the NEIC as a result of DRI. Some participants noted that victims of DRI sometimes apply to the local authority for a transfer. One interviewee, who was a victim of DRI, recalled how he “wanted to get out of sight, out of mind” so “just to be on the safe side”, he transferred out of the NEIC area. However, there are barriers to this – it was noted that to be considered for a transfer people are generally obliged to report the incident of intimidation to the Gardaí in order to be prioritised; and may not be willing to do so out of fear of reprisal:

“So, one of the concerns, so sometimes people are more willing to go to the council when they’re being intimidated and say “I need a transfer” but a lot of the times the council will go back to them and say “you will need to go to the guards, if you don’t have a police report, we can’t help you get a transfer” and like I said, those people are afraid to go to the police so they’re kind of caught in a catch 22 situation”
(Focus group participant, person who works with PWUD and their families 3, female)

REDUCING THE IMPACT

Survey respondents were also asked if they had suggestions for services or supports which could help reduce the impact of DRI in the NEIC. Of the respondents that responded to that question, 31% (50/160) mentioned An Garda Síochána, primarily in the context of increased presence and visibility on the ground in the community. Over two-thirds (69%,110/160) noted other interventions, ranging from those that take place prior to DRI occurring (early intervention, reducing demand on the illicit drugs market) to those that take place following intimidation (anonymous helplines, harsher sentencing for perpetrators).

Similar themes relating to potential interventions emerged through the qualitative data, particularly in relation to downstream interventions such as education and prevention programmes, for both young people and families:

“So, I think there is also a need for a prevention education programme which is needed to be... to be... eh... to be in place, whereby some of the mothers that come



up to me and say “I didn’t know that my son was taking drugs because.... But I could see their eyes” And “So, I think it is something that needs to be looked at in this way and that the parents need to be educated on things more like “how is your son able to buy a new car?”

(Focus group participant, community worker 3, female)

The importance of raising public awareness around DRI and other harms associated with the drug market through the use of social media, leafleting and presentations in services and various community and faith-based organisation was also noted. Some participants suggested that police reporting mechanisms could be more expressly victim-centred and focused on public health:

“A person is having issues with drugs, this is not a person who you should approach like you’re investigating him/her. The only thing, when that person comes to your desk should be... this person needs help”

(Focus group participant, community worker 3, female)

It was also noted that victims of DRI have to continue to live in the NEIC community, often in very close proximity to their perpetrators as well as the perpetrator’s families and large social networks after they report incidents of DRI:

“...if you are trying to get people to come and talk and to highlight what’s going on, you have to make it less risky than it is, because it’s usually black and white. You have to write that down, you have to go to court... the minute people hear that, they’re like, “I have to live here!” and that’s sometimes the bit that they can forget, that that individual has to go back.”

(Focus group participant, person who works with PWUD and their families 2, female)

In terms of tackling low-level intimidation and encouraging reporting of incidents of DRI and anti-social behaviour, there was reference to increasing CCTV and “gating off” apartment and flat complexes in order to increase the community’s perception of safety. There was a common perception amongst participants that people involved in drug-related crime and DRI were very rarely intercepted or arrested and that there were few visible consequences for engaging in such behaviours:

“I’m not a big fan of zero tolerance policing etc. but I think, where we fall off... like all them interventions would be fucking great... if the guards come down heavy on the fucking big dealers, the main actors and that starts with the [name of drug trade family], all that and who is the main players? I know it... the guards see them on the street corners and they... I’ve seen it meself, I have seen young people being arrested and they still do it...so... these are the ones that get sucked in and don’t know what’s happening. How many people in the area...have been caught with this amount and that amount and nothing...so... if you can’t tackle that, the other interventions won’t work”

(Focus group participant, person who works with young people 4, male)

A point raised throughout the qualitative data in terms of potential interventions to reduce the impact of DRI was focused on creating opportunities that “actually have an incentive with money attached to it” so that young people have other viable and legitimate means of earning money other than entry into the drugs economy:

“...and it’s going to be very difficult because, a lot of these little fuckers really dominate you and hurt the community and you know, so you’re caught between, do you actually reward that bad behaviour? Because you need to reward them if you’re going to break it, you’re going to have to find a different pathway for them and that means investing in them. And, it’s hard for the community to accept that as well.”

(Focus group participant, community worker 2, male)

There was also a focus on building relationships between the Gardaí and the community through a “community policing approach” whereby Gardaí build relationships “back behind the lads” with their parents and families in order to cut through the network and build long-lasting trust and cooperation:

“...a... proper strategic community policing approach that understands the complexities of social relationships and where one family bullies another, they can go in there and end that bullying whether it’s drug intimidation or whatever and they understand the social networks. But... the investment has never been there because it’s about consistency of approach and it’s about building the relationships”

(Focus group participant, community worker 2, male)

There were also many references to macro-level interventions stemming back to government policy and legislation. DRI was referred to as a “symptom” of a larger issue relating to poor community health and intergenerational trauma:

“I would love to see this piece informing social policy in some way because... on a policy level... because, you’re trying to tackle poverty and you’re trying to tackle low educational outcomes and housing and addiction and mental health issues and it’s so complex”

(Focus group participant, person who works with young people 1, female)



As noted earlier, some participants believed that social inequality is a key factor fuelling the drug economy in areas such as the NEIC and if this larger issue was addressed comprehensively at a policy and legislative level, it would have a “ripple-effect” on DRI. One interviewee mentioned the possibility of having a category like social class included in equality legislation:

“if that goes into the equality legislation, it’s almost like it has a domino effect because then provision... now it’s not going to solve everything, but at least it provides a rights-based approach and a platform where channels then open up to address these issues”
(Interviewee 4, victim of DRI, male)

Another macro-level intervention cited on a number of occasions was regulation of the drugs trade as a potential intervention:

“I think... for such a radical problem, a radical solution is needed and, I know there was mention of eh... legalising drugs and looking at ways around that and you know, I kind of think we need to think totally outside the box and I think those are the conversations that need to happen as opposed to... how to get... like, the guards can’t keep raiding peoples’ houses and then try to support the same people and then prosecute the same people, you know, like... it’s really complex”
(Focus group participant, person who works with PWUD and their families 1, female)

Discussion

The literature in the area paints a picture of DRI as a complex and multi-faceted issue, and this is borne out by the current study. DRI in the NEIC area cannot be adequately described by simple, transactional models whereby a person acquires drugs and fails to pay for them, thereby becoming a victim of intimidation as those to whom the money is owed seek to recover the debt, although such events do form a significant part of the DRI landscape. The reality is that DRI arises from dispute resolution in the context of drug markets, and that drug markets are deeply ingrained in the NEIC area. The effects of this can impact on all members of the NEIC community, regardless of whether or not they are directly engaged in drug markets themselves. This is apparent from listening to the voices of people in the community who are affected by DRI and describe different forms and drivers of intimidation - from DRI as simple debt collection, to DRI as a coercive tool to exercise or demonstrate power, to DRI as a proxy for extortion. The pervasive nature of drug markets in the NEIC area makes DRI difficult to address, not least because living and working in areas where visible drug markets operate simply makes it difficult to avoid those markets and the people who operate them, which creates risk in and of itself. This is further complicated when you (and many people in the NEIC do) know people involved in the market – where they are a friend, a family member, a neighbour. In this context, it is worth recalling that the relationship with drugs, drug markets and DRI in areas like the NEIC is not new, nor simple, nor universally negative. There have been drugs in the inner city of Dublin for many decades, and for many people engaging in the drug market, it has been a means of providing themselves and their families with social mobility and income that was not always available to them through other paths. This is not to condone engagement in illicit markets or to diminish the grave consequences drug use and drug markets can have on individuals, families and communities – it is stated simply because it is important to recognize this complex relationship as a reality.

Complex as DRI is, conceptual tools can help us understand and relate it to the specific experiences of the NEIC community. Recalling Goldstein's Drug-Crime Nexus and its application by Murphy et al (2017) to intimidation, we can see that DRI in the NEIC largely fits this theoretical model and that economic compulsive intimidation and systemic intimidation in particular both provide useful analytic tools (psychopharmacological intimidation, occurring as it does at the micro level, is less relevant to the community as a whole). There were many examples across the interviews and focus groups of economic compulsive intimidation, particularly in the context of a person who has incurred a drug-debt coercing money from friends, family or members of the community to pay the debt. Similarly, examples of systemic intimidation (particularly in its disciplinary form) are evident in the data from this study. Theoretically, and in the context of this study, the model provides a good mechanism for categorising and understanding DRI, something which is useful in formulating interventions.

Equally, the findings from this study support and deepen our understanding of DRI in the Irish context. Apparent in the data are the themes identified by others writing in the Irish context (see, for example, Murphy et al, 2017), such as low-level, community-wide intimidation; an unwillingness to report DRI; a lack of confidence in the authorities to be able to effectively address DRI; a focus of intimidation being not just the person who is engaged in the market, but their



families also; and the ease with which someone can end up becoming targeted, even where they have done nothing. From the current study, there are some insights on these topics which merit further consideration. For example, the pervasive nature of low-level intimidation arising from street dealing has a real and direct impact on people in the community – it makes them feel unsafe, it causes people to change their routines, to avoid areas, to withdraw and cut off contacts with others in their community. Equally, it is important to note that the unwillingness to report issues and the lack of trust in authorities does not, in general, derive from a lack of trust in the institutions of those authorities. For example, it does not appear to be the case that people do not like or trust the police – the vast majority of people recognise that such authorities have a major role to play in addressing drug markets and the attendant issues such as DRI, and want that role to be enhanced and strengthened. Rather, it is that community members assess that there is risk associated with engaging with statutory services like An Garda Síochána – being seen to do so means that you risk being labelled as an informer – and that that risk outweighs any potential benefit that the engagement might bring. This is not a facetious or trivial fear – the reality is that statutory services have many demands on their time and cannot be everywhere all of the time, whereas those engaged in intimidating people can do so at a time and place of their choosing. It also needs to be recognised that providing services in communities like the NEIC is not always easy. If local residents with no formal role in dealing with antisocial behaviour or maintaining community amenities that are often vandalised are in fear, it is unsurprising that people working in the area who do have those responsibilities – like the police or people working with the council – will also feel that fear. This can be further complicated by the duality of roles that services – and particularly law enforcement – are expected to hold, building trusting relationships on the one hand while having a responsibility to enforce the law on the other.

The targeting of people other than the person with the drug debt is also common, and it is important to recognise that DRI is not always resolved by paying the debt, although this does seem to be the case for some people. For others, payment is a sign that the person or family can be targeted for money, and there are examples of families being subsequently targeted where the initial debt had been paid – including an example of people being targeted by a different perpetrator for the same debt, and going to the initial people the debt was owed to ask them to resolve the matter. Examples like this highlight the complexity and pervasiveness of DRI.

Finally, the ease with which someone can become a victim of DRI is again highlighted in the current study, and – importantly – it can be noted that the threshold for victimisation is very low, and does not require a person to be engaged in the drug market to become a victim. In many of the cases participants brought forward, perception was sufficient – talking to Gardaí on the street can create a perception that you are informing; having the only light on upon your landing late at night can create a perception that you were the one who called the authorities to disperse the people in the stairwell, and so on. These examples show that it is not always possible for people in the area to ‘keep their heads down’ in order to stay out of trouble – the reality is, that trouble can be visited upon them for perceived infractions – intimidation does not need to be in response to an actual debt; the belief that a norm has been transgressed is all that is required. Similarly, the results indicate great concern for young people in the area – this is unsurprising, given the ease by which people can become involved in the drugs trade, even inadvert-

ently or tangentially, and then find it difficult to disengage.

Theoretical constructs can also help in developing solutions. For example, constructs like the Gang Problem Triangle can be useful in thinking about how to tackle instances of intimidation in a community. On a broader level, it is worth recalling the Spergel model, a comprehensive approach aimed at reducing gang membership and associated violence. It proposes five integrated strategy areas as follows:

1. **Community Mobilisation:** this strategy involves action from all local citizens from young people to community groups and agencies which are coordinated by a community appointed steering committee
2. **Social Intervention:** this strategy engages at-risk youth through street outreach and provides wraparound social services across a range of community settings from youth clubs and schools to addiction services and faith-based organisations.
3. **Provision of Opportunities:** this strategy involves the establishment of a variety of educational, training and employment programmes. These programmes are supported and provided by local residents and businesses
4. **Suppression:** this strategy is operated through community and problem-oriented policing. Data is continuously collected and analysed to assess the nature and scope of the problem over time and any changes in the problem are then fed back to service provision.
5. **Organisational Change and Development:** this strategy involves developing and continuously adapting policy to conform to changing issues and meet established and newly emerging objectives

Such models are understandably complex, difficult to implement and require a whole-of-community approach. However, the reality is that issues like DRI do not occur in isolation – they occur in and impact on the community more broadly. Nonetheless, it is also the case that implementing such models largely relies on using existing capacities in different ways, rather than layering more and more services over those that already exist. Critically, models like Spergel's also prioritise the empowerment of community members in building the community to which they would like to belong. This is critical – ultimately, issues like DRI are not things that happen to communities; rather, they happen within communities. Many of the people engaged in the street level drugs trade and associated crime in the NEIC are from the NEIC area. The challenge is not to simply remove those currently involved – as long as the incentives for engagement in the trade (such as status, money, mobility) exist in the community, there are many others who will, attracted by the same incentives, fill the void. Rather, the challenge for policy makers is to help communities like the NEIC build and forge sustainable solutions for themselves. This is not easy to do, nor is it something that can be done immediately. However, this study has helped to identify some of the policy actions that can be taken to move things forward, and these are set out in the following section.



Policy Guidelines and Recommendations

This section contains guidelines and policy recommendations for addressing DRI in the NEIC. In setting them out, it is worth recalling that there has been a significant amount of work done on DRI in the Irish context, and a number of documents set out activities which are relevant to addressing it and related harms in our communities. For example, the National Drugs Strategy 2017-2025 stresses the importance of DRI as an issue. Similarly, the 'Lives Without Fear' conference report proposed six actions, all of which are still relevant. The report of the Commission on the Future of Policing sets out many actions in the area of policing, and in particular in relation to a broader concept of community safety built on genuine community partnerships. What is set out herein is intended to be consistent with all of these documents and what they propose.

GUIDELINES

The following sets out 5 guidelines for dealing with DRI in a community. These are general in nature and should inform the implementation of any interventions, including the recommendations herein.

1. Recognise that DRI does not take a single form. In thinking about drug-related intimidation and designing interventions, communities and policy makers should be clear as to what aspect(s) of the problem they are seeking to address. Is it providing support to individual people experiencing DRI? Is it tackling open drug markets? Is it looking at conflict between actors in drug markets which contribute to perceptions of unsafety? All are relevant to DRI in communities, but all require different approaches.
2. Recognise that interventions are not neutral. The prevention of harm in communities should be a key aim for any interventions. In this context, communities and policy makers should be aware that interventions often have unintended consequences. In the context of DRI where violence is an ever-present threat, it is important to consider in advance what impacts any particular intervention might have and to ensure that they do not inadvertently raise risk.
3. Place the community at the centre. Addressing DRI requires the support and input of many actors. However, the community in which the DRI is happening needs to be placed at the centre of any interventions. The reality is that services, whether statutory or community, and the people delivering them (unless they are also resident in the community) do not live in the community and do not have the same level of expertise regarding life in that community as do residents. In order for an intervention in a community to be successful, the community must feel that they have a genuine stake in it.
4. Make the interventions as local as possible. Although the forms of DRI are similar across different locations, the specific forms and actors involved can be very local in nature. Tailoring interventions to be as local as possible may help to empower and support buy-in from the members of that local community, as well as ensuring interventions are specific to very discrete locations and do not feel like general interventions imposed from above.

5. Focus on managing, not solving. As long as there are illicit drug markets, there will be violence and intimidation associated with dispute resolution in those markets. There is no 'quick fix' in relation to DRI, and policy makers and communities should be prepared to focus on the longer term management of such issues in the community, taking action to mitigate the harm arising from them, rather than approaching them as if they are an issue to be solved.

RECOMMENDATIONS

Set out below are a series of recommendations. For clarity, they are set out in two distinct areas, focused on the level of intervention. These are as follows:

- Community level interventions. These are interventions which take place within the NEIC community and are specific to that community. Some can be actioned by the DRII and can be accomplished with no additional resourcing other than that already allocated to the initiative; others will require additional resourcing and commitment to implement
- Policy level interventions. These are interventions which are realistically beyond the scope of local operation and likely require progression by policy makers at a national level

COMMUNITY LEVEL INTERVENTIONS

1. Increase expertise on DRI in local community services. The reality is that there are limited options available to people experiencing DRI, particularly in terms of resolution. Those community-based services which are most likely to come into contact with people experiencing drug-related intimidation (such as family support services, addiction services, money lending and advisory services) should ensure that staff are alive to DRI as a potential issue for their clients and should have a basic understanding of what those options are for someone experiencing DRI. This can be supported by activities such as:
 - The provision of training on DRI across the area
 - The creation of an information pack on responding to DRI in the NEIC community for community-based services
2. Increase awareness of the National Drug-Related Intimidation Reporting Programme (NDRIRP) across the NEIC community. It is clear that there is an information gap in relation to the programme, both in terms of simple awareness and in terms of how the programme works and what to expect if engaging with the Designated Inspector. Thus, there should be a cross community effort to raise the profile of the NDRIRP in the area. In doing so, it is recommended that it is explicit that the aim of the programme is to support community members, not to secure intelligence which could lead to convictions.
3. Assess existing interventions through the lens of DRI. Existing service providers in the area should consider their current engagements in the area in the context of DRI, and in particular whether current ways of working might have inadvertent negative impacts, and if so, how these might be mitigated. For example:



- a. agencies that are working with PWUD in the area should discuss DRI with their clients to better understand if they are impacted by DRI and, if so, how that impacts on their ability to move freely or access services
 - b. policing interventions which draw the attention of people engaged in DRI or antisocial behaviour (such as indicating that Garda presence is due to complaints from a neighbour) should be avoided where possible as this can increase risk and discourage further reporting
 - c. processes for tenants regarding estate management or property repairs should be considered in the context of whether or not DRI or other intimidation is an issue and be mindful of the fact that formally reporting damage to the Gardaí may not be a realistic path for many people if it results in Gardaí calling to the door
4. Support and empower local residents to address DRI. There should be a cross community effort more generally to shine a light on DRI, and to provide community members with safe spaces to discuss and seek support in relation to DRI. In doing so, this work should recognise that:
- a. DRI can be very local in its manifestation and impact, and –
 - b. Setting up such fora is not necessarily free of risk in itself

For both these reasons, existing community structures such as local residents' associations, etc., may be best placed to advise on what form of intervention would work best for them, and should be placed at the centre of the process. All key stakeholders – community members, An Garda Síochána, Dublin City Council, and any relevant community based organisations should both take part in, and support these processes.

5. Support policing in the local community. It is clear that An Garda Síochána have a key role in addressing intimidation in the local community and it is important to support this work. In the context of the local area, and in the context of street-level drug activity, two key issues stand out:
- a. Building relationships between Garda members and the local community. In this context, personal relationships are important. People want to see and know the local Gardaí as much as possible. Generally, this means on the street, on bike or foot and not in cars, engaging with people outside of crime detection and response work
 - b. Ensuring Gardaí are properly supported to do their role. Policing areas with significant drug issues is challenging, and it is critical that members on the streets have the necessary supports both in their jobs and in the community. Within this, it is important to consider the duality of having to build positive relationships with people while at the same time having to enforce the law when necessary against those same people that police in other jurisdictions have found challenging, and consider how this might be best addressed in the context of the NEIC.

POLICY LEVEL INTERVENTIONS

This section sets out some broad considerations for policy makers, and is focused on discrete items which are not best suited for progression at a local level, but which require national attention. The reality is that drug-related intimidation arises in part from the fact that the illicit drugs economy in Ireland is significant in terms of size and value and is by its nature unregulated. In such circumstances, it is not unusual that violence and intimidation arises as a means of dispute resolution. Equally, entry to the market is uncontrolled and provides an opportunity for people to make large sums of money at relatively young ages with no prior experience necessary – opportunities which are not easy to come by in legitimate economies. It is beyond the scope of local intervention to address broader market issues, but if policy makers at a national level are considering DRI, they should begin by considering the market and market participation which drives it. There are already policy fora being established at a national level – such as the Citizens' Assembly on drugs – which will have relevance in this area. The following two recommendations are focused on this:

1. Policy makers should consider whether the current regulatory framework under which substances are controlled is fit for purpose, or whether there are market interventions – whether through further regulation and control of supply, or by reducing demand - which could be made to reduce the size or scope of the market
2. Policy makers should consider interventions geared towards preventing or delaying entry into the market for young people at risk. Doing so requires a clear-eyed understanding that entry into the drugs trade is currently very much a viable pathway for young people in certain areas like the NEIC, and any intervention will need to not just seek to divert young people from participation in the market but offer them genuine and realistic opportunities that can compete with the opportunity a career in the non-licit economy offers

Finally, it cannot be ignored that issues like drug markets and DRI tend to impact marginalised communities the most. Policy makers should consider whether there are sufficient mechanisms in place to support people in disadvantaged communities that are affected by a range of issues – poverty, stigma, lack of opportunity – and look to enhance those mechanisms where viable.



References & Appendices



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Appendix A – Literature Review Process

For the purpose of this research the following databases and sources were used:

DATABASES:

- ASSIA - Applied Social Sciences Index and Abstracts
- Campbell Collaboration Library of Systematic Reviews
- Central Statistics Office
- Cochrane Database of Systematic Reviews (CDSR)
- Google Scholar
- JSTOR
- PsycARTICLES
- PsycINFO (+Medline)
- SAGE
- SocINDEX

LIBRARIES:

- The HRB National Drugs Library
- Trinity College Dublin Library
- Technological University Dublin Library

SEARCH TERMS:

In relation to search methodology, the term 'drug-related intimidation' is not universally used in academic research (Health Research Board, 2017). The HRB carried out a scoping exercise which found that the term 'drug-related intimidation' was mostly used in Irish reports and media publications and is rarely used internationally. This study took learning from the HRB's efforts and widened the search terminology to include the following terms:

- Community interventions for drug crime
- County Lines
- County Lines Interventions
- County Lines Intimidation
- Drug crime
- Drug crime within the community
- Drug debt

- Drug market disputes
- Drug-related Crime
- Fear of crime in communities
- Gang Crime
- Gang Interventions
- Gang Intimidation
- Gang-related Crime
- Gang-related Intimidation
- International interventions for drug crime
- Interventions for drug crime
- Witness Intimidation

INTRODUCTION TO SURVEY

[illegible]

ENTRY REQUIREMENT 1

☐ No

ENTRY REQUIREMENT 2

2 Which of the following applies to you:

- ☐ I live in the North East Inner City
- ☐ I work in the North East Inner City
- ☐ I both live and work in the North East Inner City
- ☐ I neither live nor work in the North East Inner City

INFORMATION SHEET AND CONSENT FORM

Thank you very much for agreeing to take this online survey, which is being carried out by the Drug-Related Intimidation Initiative (DRII). The DRII is a project managed and operated by Ana Liffey Drug Project (ALDP) and funded through the Dublin North East Inner City Programme. This research is being carried out by the DRII team, Marcus Keane, Head of Policy and Sarahjane McCreery, Project Co-ordinator for Drug-Related Intimidation in collaboration with and under the guidance of Dr. Matt Bowden of Technological University Dublin (TU Dublin). Research ethics approval has been granted for this project by the Research Ethics Committee of TU Dublin.

Before taking the survey, please carefully read the guidelines below, and indicate your acceptance by ticking the box at the bottom of this page.

Your participation in this survey is valued. Please note that:

- This survey will take between 10-15 minutes to complete
- All data from the survey will be collected using Survey Monkey, which is a secure, password protected web platform. It will then be downloaded and stored in line with good data management practice
- The researcher will be using the Anonymous Response Collector option on Survey Monkey, therefore, no identifiable information (including IP addresses) will be collected by the research team meaning your answers cannot be traced back to you. Survey Monkey automatically records respondent IP addresses, however they are not revealed under this setting, instead they are stored in backend logs and deleted by Survey Monkey after 13 months. You can read Survey Monkey's privacy policy here: <https://www.surveymonkey.com/mp/legal/privacy-policy/>
- Your responses are confidential and will only be reported in aggregate format and in a manner which protects your anonymity
- Participation is completely voluntary and you may stop answering questions at any time
- The answers from yourself and all the other participants will be analysed to produce a report and research articles. This will be available to the public and you can avail of it online or by ordering a printed copy from dri@aldp.ie

- We hope you will find the experience of taking part in the survey both interesting and useful and that you will personally benefit from having the opportunity to express your views on the issue under research and contribute to understanding and addressing this issue.

We understand that this research project addresses an issue of a sensitive nature. If you are experiencing any stress in relation to this issue and wish to avail of support services, please email dri@aldp.ie for support.

If you have any questions or confusion regarding the survey, feel free to contact the researchers and they will be happy to clarify any points. Email sarahjane.mccreery@aldp.ie or phone 085 858 8988.

3. I confirm that I have read and understood this information sheet and I am willing to take part in the survey

☐ Yes

☐ No

THE SURVEY PART 1 - DIRECT DRUG-RELATED INTIMIDATION

Drug-related intimidation is a broad term. However, it usually refers to direct attempts to recover drug debt or otherwise enforce discipline through direct activities such as:

- Actual violence against people or their property
- Threatening violence against people or their property
- Coercing people to engage in criminal activities such as holding drugs

4. Taking the above definition into account, are you aware of drug-related intimidation as an issue in the North East Inner City area?

☐ Yes

☐ No

☐ I'm not sure

5. Have you ever been a victim of drug-related intimidation yourself?

☐ Yes

☐ No



6. When were you most recently a victim of drug-related intimidation? (Please select one)

- ☐ In the last month
- ☐ In the last year
- ☐ Over a year ago

Please answer questions 7 to 13 in the context of your MOST RECENT experience of drug-related intimidation.

7. What do you believe was the reason for you being victimised? We provide some statements below. Please indicate the extent to which you agree or disagree with them.

| | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| I owed money from buying drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Someone I know owed money from buying drugs and I was targeted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I owed money from having a supply of drugs siezed or taken away by the police | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I owed money from having cash from drugs siezed or taken away by the police | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Someone I know owed money from having a supply of drugs siezed or taken away by the police | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Someone I know owed money from having cash from drugs siezed or taken away by the police and I was targeted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I owed money from losing drugs or cash from drugs in some other way | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Someone I know owed money from losing drugs or cash from drugs in some other way, and I was targeted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I was put under pressure to get involved in drug supply or other drug-related crime | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I was put under pressure by a person who uses drugs for money to buy drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I was targeted as a warning or to frighten people in the community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other

If you selected 'Other', please specify your reason (leaving out names of people and places)



8. What type of intimidation occurred in this experience? (tick all boxes that apply to you)

- ☐ I received a direct threat of physical harm to me
- ☐ I received a direct threat of sexual violence to me
- ☐ I received a direct threat of takeover of or vandalism of my property I was followed or my movements were tracked

Other, please specify the type of intimidation (leaving out names of people and/or places)

9. Where did this intimidation occur?

- ☐ At home
- ☐ At work/school/college
- ☐ At a community service which I attend
- ☐ On the streets

Other, please specify the type of intimidation (leaving out names of people and/or places)

10. At approximately what time did this intimidation occur?

- ☐ Between 8 am and 5pm
- ☐ Between 5pm and midnight
- ☐ Between midnight and 8am
- ☐ Across these times, all throughout the day and night



11. Did you report this episode of intimidation to anyone?

☐ Yes

☐ No

12. Who did you report this intimidation to?

☐ An Garda Siochana

☐ Another statutory service (HSE, Dublin City Council)

☐ The National Family Support Network

☐ Another community or voluntary organisation

☐ A local TD/councillor

☐ None of the above

Other, please specify who you reported this episode of intimidation to (leaving out names of people and/or places)

13. What was your reason for not reporting this episode of intimidation?

(Please tick all that apply)

☐ I was afraid the person I would be reporting would find out and try to seek revenge

☐ The person intimidating me was a family member and I did not want to get them in trouble

☐ The person intimidating me was a neighbour and I would have had to live in close proximity to them after I reported

☐ I owed money from using drugs and I did not want the information to get out in case I got in trouble

☐ I owed money from selling drugs and I did not want the information to get out in case I got in trouble



- ☐ Someone close to me owed money from using drugs and I did not want the information to get out in case they got in trouble
- ☐ Someone close to me owed money from selling drugs and I did not want the information to get out in case they got in trouble
- ☐ I was concerned that reporting the intimidation would affect my tenancy
- ☐ I was concerned that reporting the intimidation would affect my immigration status
- ☐ I was concerned that reporting the intimidation would affect my social welfare payments or employment status
- ☐ Other, please specify your reason for not reporting (leaving out names of people and/or places)

14. Aside from your own experience, do you believe that there are other people in your close circle or community that have experienced drug-related intimidation?
(Please tick all that apply)

- ☐ Yes, my son/daughter has experienced drug-related intimidation
- ☐ Yes, my partner has experienced drug-related intimidation
- ☐ Yes, another close family member has experienced drug-related intimidation
- ☐ Yes, my neighbour has experienced drug-related intimidation
- ☐ Yes, someone I work with has experienced drug-related intimidation
- ☐ No, I do not believe that there are other people in my close circle or local community that have experienced drug-related intimidation
- ☐ I don't know

THE SURVEY PART 2 - INDIRECT DRUG-RELATED INTIMIDATION

In addition to the direct forms of intimidation noted in the last section, drug-related intimidation can also refer to a general feeling of a lack of safety in a community as a result of drug markets or drug activity. Thinking now about this type of indirect intimidation, please answer the following questions:

15. How safe do you think the North East Inner area is? (Please select one option)

- ☐ Very safe
- ☐ Unsafe
- ☐ Somewhat unsafe
- ☐ Safe
- ☐ Very unsafe
- ☐ Somewhat safe
- ☐ I don't know

16. When do you think the North East Inner City feels most unsafe?

- ☐ Between 8am and 5pm
- ☐ Between 5pm and midnight
- ☐ Between midnight and 8am
- ☐ At any time, or at a combination of times

17. Which categories of people do you believe are most at-risk of drug-related intimidation within the North East Inner City? Rate the following categories of people from ‘most at-risk’ to ‘not at-risk at all’

| | Most at-risk | At-risk | Somewhat at-risk | Not at-risk | Not at-risk at all |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| People who use drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parents of people who use drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Partners of people who use drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| People who sell drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parents of people who sell drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Partners of people who sell drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People working in community support/drug services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People attending community support/drugs services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People working in local businesses e.g., shops | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People attending local businesses e.g., shops | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Young people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elderly people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Single parents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ethnic minorities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other, please specify the category of people you believe to be most at-risk of drug-related intimidation in the North East Inner City (leaving out names of people and/or places)

18. Below is a list of services that support people with issues surrounding drug-related intimidation. Please indicate the services you are aware of:

- ☐ Local community Garda
- ☐ An Garda Síochána's Drug-Related Intimidation Reporting Programme
- ☐ The National Family Support Network
- ☐ The Drug-Related Intimidation Initiative (Ana Liffey Drug Project)
- ☐ NIC Local Drug and Alcohol Task Force
- ☐ Local community services
- ☐ None of the above

19. Below is a list of services that support people with issues surrounding drug-related intimidation. Please indicate the services which you would feel comfortable engaging with:

- ☐ Local community Garda
- ☐ An Garda Síochána's Drug-Related Intimidation Reporting Programme
- ☐ The National Family Support Network
- ☐ The Drug-Related Intimidation Initiative (Ana Liffey Drug Project)



- ☐ NIC Local Drug and Alcohol Task Force
- ☐ Local community services
- ☐ None of the above

20. Do you have any suggestions for alternative services and supports that might help reduce the impact of drug-related intimidation (both direct and indirect) within the North East Inner City?

THE SURVEY PART 3: ABOUT YOU

Many thanks for your responses. You're nearly at the end of the survey. In this final section, we'd like you to tell us a bit about you:

21. How would you best describe your housing situation?

- ☐ Renting from the local authority / council
- ☐ Renting from a housing association
- ☐ Owner occupier
- ☐ Shared owner scheme
- ☐ Private tenant
- ☐ Other (please specify)

22. How would you best describe your family situation?

- ☐ Single, with no children
- ☐ Single, with children
- ☐ In a relationship, with no children
- ☐ In a relationship, with children
- ☐ Other (please specify)

23. What is your ethnic or cultural background?

- ☐ White Irish
- ☐ Irish Traveller
- ☐ Any other White background
- ☐ Black Irish
- ☐ Black African
- ☐ Any other Black background
- ☐ Asian Irish
- ☐ Chinese
- ☐ Any other Asian background
- ☐ Other, including mixed background (please specify)



24. What do you identify as?

- ☐ Female
- ☐ Male
- ☐ Transgender Male
- ☐ Transgender Female
- ☐ Gender Variant / Non-Conforming
- ☐ Prefer not to say
- ☐ Not listed

25. How old are you?

- ☐ 18-24
- ☐ 25-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-64
- ☐ 65+

26. How would you describe your present principal status?

- ☐ Working for payment or profit
- ☐ Looking for first regular job
- ☐ Unemployed

- ☐ Student or Pupil
- ☐ Looking after home/family
- ☐ Retired from Employment
- ☐ Unable to work due to permanent sickness or disability
- ☐ Other (please specify)

27. If you are employed, in which broad employment sector do you work?

- ☐ Private sector (i.e. for a company or business)
- ☐ Public Sector/Civil Service
- ☐ Non-governmental Organisation (NGO)

*** 28. Which best describes your household's weekly income (before tax)?**

- | | |
|--|--|
| <input type="checkbox"/> Less than €252.21 | <input type="checkbox"/> €867.74 - €1,081.35 |
| <input type="checkbox"/> €252.22-€414.25 | <input type="checkbox"/> €1,081.36 - €1, 310.23 |
| <input type="checkbox"/> €414.26-€540.41 | <input type="checkbox"/> €1, 310.24 - €1, 633.38 |
| <input type="checkbox"/> €540.42 | <input type="checkbox"/> €1,633.39 - €2, 155.41 |
| <input type="checkbox"/> €698.05 | <input type="checkbox"/> More than €2, 155.41 |



Appendix C – Focus Group Information

INFORMATION SHEET FOR FOCUS GROUP PARTICIPANTS

This briefing sheet is provided to participants in the focus groups strand of the drug-related intimidation (DRI) research being carried out by the Drug-Related Intimidation Initiative and Technological University Dublin. It has four parts:

- Overview
- Important information about the research project and the focus group
- Participation guidelines
- Topics of interest
- Consent form

OVERVIEW

Thank you very much for agreeing to participate in this research, which is being carried out by the Drug-Related Intimidation Initiative (DRII). The Drug-Related Intimidation Initiative (DRII) is a project managed and operated by Ana Liffey Drug Project (ALDP) and funded through the Dublin North East Inner City Programme (DNEICP). This research will be carried out by the DRII team, Marcus Keane, Head of Policy and Sarahjane McCreery, Project Co-ordinator for Drug-Related Intimidation. Research ethics approval has been granted for this project by the Research Ethics Committee of Technological University Dublin, and the work is carried out with the collaboration and under the guidance of Dr. Matt Bowden.

This research seeks to better understand the nature, scope and impact of drug-related intimidation (DRI) in the NEIC area, and to understand the nature and type of interventions which could help reduce the impact of DRI in the NEIC. The ultimate output will be in the form of a report which includes recommendations on potential future activities to the DRII steering group.

As part of this work, we are holding focus groups for people who are working in the NEIC area, and who have experience of dealing with issues related to intimidation through their work. This briefing sheet is provided to participants in the focus groups.

Important information about the research project and the focus group:

- The focus groups will last approximately 90 minutes, and will be arranged at a private, safe and suitable location which has been booked especially for carrying out the focus group and at a time that is convenient for the focus group participants. The focus group you are participating in will take place at XXXXXXXX on XXXXXXXX
- The basic participation guidelines and topics to be covered are set out later in this document. You will be asked to sign a consent form prior to the start of the interview. Consent forms will be scanned, encrypted and stored in a secure, password protected folder which is only accessible by the ALDP staff on the project team. The original paper consent forms

will then be shredded. You have the right to withdraw from the focus group at any time.

- All focus group discussion will be recorded through an audio device which has been designated for this specific research project, as well as note taking to enable the researcher to identify key themes. The recordings will be downloaded from the designated audio device immediately after the focus group ends. They will then be encrypted and stored in a password protected secure drive and the original recordings will be deleted immediately from the audio device. Any notes taken will be taken on a laptop and stored on a secure folder which is only accessible by the ALDP staff on the project team.
- Your responses will be treated in the strictest confidence. While audio recordings and notes will be taken throughout the discussion, the researcher will ensure to not include information in the notes that will identify you in any way. In addition, any identifying markers will be removed from the audio transcripts and any information you give will be combined with the views of the other members of the focus group so you will not be identified individually. You can have a copy of the de-identified transcript on request.
- The de-identified transcript from your focus group discussion will be stored on a protected computer by the research team for six years. It will then be deposited in the Irish Qualitative Data Archive (IQDA at Maynooth University). The IQDA is a central archive where all data generated in or about Ireland is stored securely, preserved on a long-term basis and can be accessed for the purpose of social science research in Ireland.
- Please be aware that although we will treat the information we receive in the strictest confidence, no guarantee of confidentiality can be absolute, and there may be times when we will be obliged to report something that has been reported to us as part of the research. The following is a non-exhaustive list of the types of things which may require us to report a matter:
 - A disclosure of child abuse
 - A disclosure of a significant immediate risk of harm to yourself or others
 - A disclosure of serious crime
 - An order from a court of law
- The focus group is designed to be a supportive environment and the facilitator is an experienced researcher in this methodological approach. However, please remember that there is a chance you may become upset if you voluntarily disclose an experience that was particularly stressful or unhappy.
- The research will be used to identify findings which may be shared publically and will be published in report form. The findings and key recommendations from the research will be communicated with you at a later stage of the research process, and you can have a copy of the work, when published.
- You can ask the researcher any questions in relation to this focus group or any aspect of the research before, during or at any stage afterwards.
- We hope you will find the experience of taking part in the focus group both interesting and useful and that you will personally benefit from having the opportunity to express



your views on the issue under research and contribute to understanding and addressing this issue.

We understand that this research project addresses an issue of a sensitive nature. If you are experiencing any stress in relation to this issue and wish to avail of support services or if you simply require further information, please do not hesitate to contact us via telephone or email (see details below) and we will do our best to support you.

Name: Devon Gray

Email: devon.gray@aldp.ie

Telephone: 1800-786828

PARTICIPATION GUIDELINES

Participants should be aware of, and consent to, the following participation guidelines before participating:

- The focus groups are for people who are working in the NEIC area and have experience of DRI in a professional capacity. People with personal stories they wish to tell could consider doing an individual interview instead/as well.
- Each focus group will have a maximum of 7 participants, all of whom are employed in the NEIC area.
- Participants are expected to respect the confidentiality of all participants and the facilitators regarding all matters discussed in the group.
- Participants are expected to cooperate with the facilitators' requests and guidance during the focus group.
- Participants are expected to play an active role in the group.
- During the group, participants are not considered to be speaking for their employer, but rather as a person who works in the NEIC. Thus, they should only give views on DRI that they can attest to from their own professional experience.

TOPICS OF INTEREST

The general discussion topic is Drug-Related intimidation in the NEIC. The following is an indicative list of the types of questions the facilitators are interested in, and which participants are in a position to answer all or some of:

1. Can you describe your understanding of drug-related intimidation?
2. Have you ever directly encountered incidents of drug-related intimidation throughout your work and if so, without mentioning any identifying information, give us a description of the type of issues you have encountered?
3. If/when you encountered these issues, what was/would be your response or what actions did you/would you take?
4. In your view, what is the major issue driving or worsening the impact of drug-related intimidation for people using your service and vice versa, what issues are drug-related intimidation contributing to?
5. Do you think there are specific groups of people who are more vulnerable to drug-related intimidation?
6. Are there specific parts of the NEIC in which drug-related intimidation is more of an issue and if so, does it affect how you or service users move in and out of these areas to work or access services?
7. What services are you aware of that can support people with issues surrounding drug-related intimidation?
8. In regards to issues surrounding drug-related intimidation, do you feel supported by local community and/or statutory services? If yes, can you explain how you are supported? If not, why not?
9. What are the barriers for your service users around accessing support for drug-related intimidation within the NEIC?
10. In your view, what services/supports are currently in place which help reduce the impact of drug-related intimidation?
11. Do you think there is something that can be improved or something additional that can be done that can reduce the impact of drug-related intimidation?
12. In your opinion, what is the attitude of the people that use your services towards the drug trade and drug-related crime such as intimidation and to what extent is this reflective of the wider NEIC community?
13. To the best of your knowledge, to what extent are you service users either directly or indirectly involved in the drug trade and drug-related crime such as intimidation and in your view, how is this reflective of the wider community?

In addition, context for these questions may be provided with reference to preliminary findings from the DRII's online survey on DRI which has had over 500 respondents. The types of issues which may be referenced in this regard include:

- Awareness of the issue of drug-related intimidation in the NEIC
- Prevalence of the issue of drug-related intimidation in the NEIC
- Reasons behind drug-related intimidation in the NEIC
- Factors in drug-related intimidation in the NEIC – type of intimidation, location, timing
- Victims and people at-risk of drug-related intimidation in the NEIC



- Reporting of drug-related intimidation in the NEIC – Level of reporting, reasons for not reporting
- Perception of general level of safety of NEIC area
- Level of services for people experiencing drug-related intimidation/awareness of services/engagement with services
- Most common suggestions made by members of the NEIC for addressing the issue of drug-related intimidation

If you have any queries in relation to the content of the focus group, please contact sarahjane.mccreery@aldp.ie

CONSENT FORM

You will be asked to complete the following form before the start of the focus group.

Name(s) of Researcher(s): Dr Matt Bowden, Sarahjane McCreery, Marcus Keane

Organisation: Ana Liffey Drug Project in Collaboration with TU DUBLIN

Title of Project: Drug-Related Intimidation Initiative (DRII)

| | YES | NO |
|--|--------------------------|--------------------------|
| Have you been fully informed/read the information sheet about this study? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had an opportunity to ask questions and discuss this study? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you received satisfactory answers to all your questions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you received enough information about this study and any associated health and safety implications if applicable? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you understand that you are free to withdraw from this study? | <input type="checkbox"/> | <input type="checkbox"/> |
| • at any time | <input type="checkbox"/> | <input type="checkbox"/> |
| • without giving a reason for withdrawing | <input type="checkbox"/> | <input type="checkbox"/> |
| • without affecting your future relationship with the organisation | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you agree to take part in this study, the results of which are likely to be published? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been informed that this consent form shall be kept in the confidence of the researcher? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been informed of the participation guidelines for this focus group? | <input type="checkbox"/> | <input type="checkbox"/> |

I agree to the transcript of the interview being archived in the Irish Qualitative Data Archive and being available in future to bona fide researchers.

☐ ☐

If 'yes' to all, you can just tick the box here

☐ ☐

Signed: _____ Date: _____

Name in Block Letters: _____

Signature of Researcher: _____ Date: _____

FOCUS GROUP DEMOGRAPHICS

| Role | Gender |
|---|--------|
| Person who works with PWUD and their families 1 | Female |
| Person who works with PWUD and their families 2 | Female |
| Person who works with PWUD and their families 3 | Female |
| Person who works with PWUD and their families 4 | Female |
| Person who works with young people 1 | Female |
| Person who works with young people 2 | Male |
| Person who works with young people 3 | Male |
| Person who works with young people 4 | Male |
| Person who works with young people 5 | Male |
| Person who works with young people 6 | Female |
| Person who works with young people 7 | Female |
| Person who works with young people 8 | Male |
| Person who works with young people 9 | Male |
| Community worker 1 | Female |
| Community worker 2 | Male |
| Community worker 3 | Female |
| Community worker 4 | Male |
| Community worker 5 | Male |



Appendix D – Interview Information

INFORMATION SHEET FOR INTERVIEWEES

This briefing sheet is provided to participants in the one to one interview strand of the drug-related intimidation (DRI) research being carried out by the Drug-Related Intimidation Initiative (DRII) and Technological University Dublin. It has four parts:

- Overview
- Important information about the research project and the interview
- Topics of interest
- Consent form

OVERVIEW

Thank you very much for agreeing to participate in this research, which is being carried out by the Drug-Related Intimidation Initiative (DRII). The DRII is a project managed and operated by Ana Liffey Drug Project (ALDP) and funded through the Dublin North East Inner City Programme (DNEICP). This research will be carried out by the DRII team, Marcus Keane, Head of Policy and Sarahjane McCreery, Project Co-ordinator for Drug-Related Intimidation in collaboration with and under the guidance of Dr. Matt Bowden of Technological University Dublin.

This research seeks to better understand the nature, scope and impact of DRI in the NEIC area, and to understand the nature and type of interventions which could help reduce the impact of DRI in the NEIC. The ultimate output will be in the form of a report which includes recommendations on potential future activities to the DRII steering group.

As part of this work, we are holding interviews for people who have had direct experience of drug-related intimidation or who have significant experience of dealing with issues related to intimidation. This sheet is provided to interviewees.

IMPORTANT INFORMATION ABOUT THE RESEARCH PROJECT AND INTERVIEWS:

- The interview will last approximately 60 minutes, and will be held in a private, safe and suitable location which will be booked especially for the purpose of the interview and at a time that is convenient for you. You have the right to withdraw from the interview process at any time. Your interview will take place on XXXXXXXX at XXXXXXXX.
- You will be asked to sign a consent form prior to the start of the interview. Consent forms will be scanned, encrypted and stored in a secure, password protected folder which is only accessible by the ALDP staff on the project team. The original paper consent forms will

then be shredded.

- The interview will be recorded through an audio device which has been designated for this specific research project, as well as note taking to enable the researcher to identify key themes. The recordings will be downloaded from the designated audio device immediately after the interview ends. They will then be encrypted and stored in a password protected secure drive and the original recordings will be deleted immediately from the audio device. Any notes taken will be taken on a laptop and stored on a secure folder which is only accessible by the ALDP staff on the project team.
- Your responses will be treated in the strictest confidence. While audio recordings and notes will be taken throughout the discussion, the researcher will ensure to not include information in the notes that will identify you or anyone you mention in any way. In addition, any identifying markers will be removed from the audio transcripts. You can have a copy of the de-identified transcript on request.
- The de-identified audio transcript from your interview will be stored in the Irish Qualitative Data Archive (IQDA). The IQDA is a central archive where all data generated in or about Ireland is stored securely, preserved on a long-term basis and can be accessed for the purpose of social science research in Ireland.
- Please be aware that although we will treat the information we receive in the strictest confidence, no guarantee of confidentiality can be absolute, and there may be times when we will be obliged to report something that has been reported to us as part of the research.

The following is a non-exhaustive list of the types of things which may require us to report a matter:

- A disclosure of child abuse
- A disclosure of a significant immediate risk of harm to yourself or others
- A disclosure of serious crime
- An order from a court of law
- The interview is designed to be a supportive process and the facilitator is an experienced researcher in this methodological approach. However, please remember that there is a chance you may become upset if you voluntarily disclose an experience that was particularly stressful or unhappy. You do not have to answer any questions you do not feel comfortable answering.
- The research will be used to identify findings which may be significant to share publicly and will be published in report form. The findings and key recommendations from the research will be communicated with you at a later stage of the research process, and you can have a copy of the work, when published.

We understand that this research project addresses an issue of a sensitive nature. If you are experiencing any stress in relation to this issue and wish to avail of support services or if you simply require further information, please do not hesitate to contact us via telephone or email (see details below) and we will do our best to support you.



Name: Devon Gray

Email: devon.gray@aldp.ie

Telephone: 1800-786828

PARTICIPATION GUIDELINES

Interviewees should be aware of, and consent to, the following guidelines before participating:

- The interviews are for people who live or work in the NEIC (or whose experience relates to when they lived or worked in the NEIC) and who have significant experience of Drug-Related intimidation
- During the interview, the participant is not considered to be speaking for their employer, but from their own experience. Thus, they should only give views on DRI that they can attest to from their own experience

TOPICS OF INTEREST

The general discussion topic is drug-related intimidation in the NEIC. The following is an indicative list of the types of questions the facilitators are interested in, and which interviewees are in a position to answer all or some of:

1. How long have you/did you lived/live in this area and what is/was your overall experience of being part of this community?
2. What is your understanding of drug-related intimidation?
3. Have you or has someone close to you ever directly experienced drug-related intimidation? If so, leaving out any identifying items, would you be happy to share some elements of this experience with us?
4. If you or someone close to you has directly experienced intimidation, did you/they report this? If so, who did you/they report this to? Why did you/they report to this service?
5. If you/they didn't report the intimidation, what steps did you/they take to overcome this issue?
6. In regards to an issue such as experiencing drug-related intimidation, do you believe this is a supportive community?
7. What community and statutory services are you aware of that can support you with drug-related intimidation and what is your experience of these services?
8. Are there barriers to accessing services for drug-related intimidation in this area? If so, what are the barriers in your view?
9. Do you believe that intimidation has changed throughout the years in this community? If so, how?

10. In your opinion, what is the general attitude in this community around the drug trade and drug-related crime such as intimidation?
11. Do you think specific parts of the NEIC are more affected by drug-related intimidation than others and if so, does this impact your movements within this area?
12. What do you believe can be done to reduce the negative impact of drug-related intimidation within the NEIC?
13. Do you believe that drug-related intimidation is an issue that can be eradicated from this community? If so, why? If not, why not?

In addition, context for these questions may be provided with reference to preliminary findings from the DRII's online survey on DRI which has had over 500 respondents. The types of issues which may be referenced in this regard include:

- Awareness of the issue of drug-related intimidation in the NEIC
- Prevalence of the issue of drug-related intimidation in the NEIC
- Reasons behind drug-related intimidation in the NEIC
- Factors in drug-related intimidation in the NEIC – type of intimidation, location, timing
- Victims and people at-risk of drug-related intimidation in the NEIC
- Reporting of drug-related intimidation in the NEIC – Level of reporting, reasons for not reporting
- Perception of general level of safety of the NEIC area
- Level of services for people experiencing drug-related intimidation/awareness of services/engagement with services
- Most common suggestions made by members of the NEIC for addressing the issue of drug-related intimidation

If you have any queries in relation to the content of the focus group, please contact sarahjane.mccreery@aldp.ie or call 085 858 8988.

CONSENT FORM

Name(s) of Researcher(s): Sarahjane McCreery and Marcus Keane

Organisation: Ana Liffey Drug Project in Collaboration with TU DUBLIN

Title of Project: Drug-Related Intimidation Initiative (DRII)

| | YES | NO |
|---|--------------------------|--------------------------|
| Have you been fully informed/read the information sheet about this study? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had an opportunity to ask questions and discuss this study? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you received satisfactory answers to all your questions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you received enough information about this study and any associated health and safety implications if applicable? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you understand that you are free to withdraw from this study? | <input type="checkbox"/> | <input type="checkbox"/> |
| • at any time | <input type="checkbox"/> | <input type="checkbox"/> |
| • without giving a reason for withdrawing | <input type="checkbox"/> | <input type="checkbox"/> |
| • without affecting your future relationship with the organisation | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you agree to take part in this study, the results of which are likely to be published? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been informed that this consent form shall be kept in the confidence of the researcher? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been informed of the participation guidelines for this interview? | <input type="checkbox"/> | <input type="checkbox"/> |
| I agree to the transcript of the interview being archived in the Irish Qualitative Data Archive and being available in future to bona fide researchers. | <input type="checkbox"/> | <input type="checkbox"/> |
| If 'yes' to all, you can just tick the box here | <input type="checkbox"/> | <input type="checkbox"/> |

Signed: _____ Date: _____

Name in Block Letters: _____

Signature of Researcher: _____ Date: _____

INTERVIEWEES

| Role | Gender | Gender |
|---------------|--------|------------------------|
| Interviewee 1 | Male | Victim and Perpetrator |
| Interviewee 2 | Male | Witness |
| Interviewee 3 | Male | Victim |
| Interviewee 4 | Male | Victim |

This report was funded by the Dublin NEIC Programme Implementation Board, and is published by the Ana Liffey Drug Project. The authors are:

Sarahjane McCreery Ana Liffey Drug Project
 Marcus Keane Ana Liffey Drug Project
 Dr. Matt Bowden Technological University Dublin

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The authors would like to thank the people in the North East Inner City community who gave freely of their time and expertise in contributing to this report through participation in the on-line survey as well as in interviews and focus groups. Many thanks also to the members of the DRII Steering Group for their support throughout.

This report is dedicated to the memory of Fergus McCabe. For many years, Fergus was a tireless and effective advocate for the NEIC and for all members of the NEIC community. He was a wonderful person, never without a warm welcome and a kind word for anyone who met him. He is greatly missed.



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